

Case Number:	CM15-0113473		
Date Assigned:	06/19/2015	Date of Injury:	06/12/2009
Decision Date:	07/20/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on 6/12/2009. The current diagnoses are protrusion C5-6, neural encroachment L2-3 and L3-4 with radiculopathy, and myofascial pain. According to the progress report dated 4/27/2015, the injured worker complains of 5/10 neck pain and 6/10 low back pain. The physical examination reveals tenderness over the cervical and lumbar spine. Range of motion is limited. Positive straight leg raise test bilaterally. The current medications are Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Treatment to date has included medication management, x-rays, physical therapy, home exercise program, and surgical intervention. The plan of care includes 12 chiropractic sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic treatment 3 times per week for 4 weeks for cervical and lumbar spine:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS); The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 6/2/15 denied the request for additional Chiropractic care, 12 sessions to the patient's cervical and lumbar spines citing CAMTUS Chronic Treatment Guidelines. The records reflect prior Chiropractic services before the 4/27/15 request but the amount of provided care and evidence of functional improvement was not provided. The reviewed medical reports do not provide the medical necessity for additional care, 12 sessions of Chiropractic care to the cervical and lumbar spines or comply with CAMTUS Chronic Treatment Guidelines that require objective clinical evidence of functional improvement at the time of additional treatment request. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. Therefore the request is not medically necessary.