

Case Number:	CM15-0116615		
Date Assigned:	06/24/2015	Date of Injury:	11/12/2008
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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

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 November 12, 2008. The injured worker was diagnosed as having cervical and lumbar strain/sprain and radiculitis, chronic pain and cervical displacement. Treatment to date has included chiropractic therapy. An undated progress note provides the injured worker complain of neck pain and back pain. She reports her back is better since starting chiropractic therapy. Physical exam notes tenderness on palpation of the cervical and lumbar paraspinal area. The plan includes additional chiropractic therapy including electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative treatment, 8 visits, cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care & Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The claimant presented with ongoing neck and back pain despite previous treatments with medications, injections, physical therapy, chiropractic, and home exercises. Although it is unclear how many chiropractic visits the claimant had completed, however, reviewed of pain-medicine progress report dated 03/13/2015 noted chiropractic actually made pain worse. Based on the guidelines cited, due to lack of objective functional improvement and total number of visits unknown, the request for additional 8 chiropractic visits is not medically necessary.