

Case Number:	CM15-0162558		
Date Assigned:	09/04/2015	Date of Injury:	08/15/2012
Decision Date:	11/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

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 64 year old female who sustained an industrial injury on 08-15-2012. Current diagnoses include depressive psychosis-unspecified. Report dated 06-16-2014 noted that the injured worker presented with complaints that included pain in the neck, shoulders, upper back, lower back, and left hip. Pain level was not included. Physical examination was not performed. Previous treatments included medications, psychiatric evaluations and treatment. The treatment plan included referring for chiropractic care and recommendation for psychotherapy. Request for authorization dated 06-17-2015, included requests for chiropractic consult and treatment for the cervical spine, and shoulders. The utilization review dated 07-24- 2015, non-certified the request for chiropractic consult and treatment for the cervical spine, and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic consult/treatment to cervical spine and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic pain in the neck, back, and shoulders. Previous treatment records are not available for reviewed. Current objective examination and functional deficits are not documented. The request for chiropractic treatments also did not specified total number of visits, and no concurrent exercises programs that facilitate functional improvements. Based on the guidelines cited, the current request for chiropractic treatment for the cervical spine and shoulders is not medically necessary.