

Case Number:	CM15-0177525		
Date Assigned:	09/18/2015	Date of Injury:	09/29/2010
Decision Date:	10/30/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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 37 year old female, who sustained an industrial injury on September 29, 2010. The injured worker was evaluated on August 4, 2015. She reported her pain level was reduced from an 8 on a 10-point scale to a 3 on a 10-point scale with the use of Norco. She reported that she was trying to "cut back on it" and noted that on some days she does not use it at all. The evaluating physician noted that the injured worker was authorized for chiropractic therapy in April, 2015 and that she was referred to a different chiropractor "that she did not want to go to." The evaluating physician noted that they would need to request an extension to see if they could have the injured worker sent to her preferred provider. On physical examination the injured worker had "no significant change." The injured worker was diagnosed as having low back pain and lumbar radiculitis. Treatment to date has included NSAIDS for inflammation and opioid medications. A request for authorization for additional chiropractic therapy times 8 sessions for the lumbar spine was received on August 24, 2015. On August 28, 2015, the Utilization Review physician determined additional chiropractic therapy times 8 sessions for the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic, 8 sessions for the lumbar: 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 medical necessity for the requested 8 additional chiropractic treatments from the 8/17/2015 progress report was not established. The claimant was seen on 4/13/2015 at which time a request for chiropractic treatment was submitted. This was reportedly certified by the insurance company. The 6/9/2015 progress report indicates that the claimant "has been authorized for chiropractic care, but for some reason, she was not given the provider that she has utilized previously. I will have staff see if they can get this changed to her previous chiropractic provider." As of the 8/4/2015 progress report from the PTP the claimant "was authorized for some chiropractic treatment back in April, and she was referred to a different chiropractor that she did not want to go to. She wants to go back to a [REDACTED] and [REDACTED]. We will need to request an extension to see if we can get her in to see him again." This indicates that the claimant did not receive the previously authorized chiropractic treatment. The peer-reviewed denial indicated that there was no documentation of any functional improvement as result of the previously authorized chiropractic treatment. From the additional documentation it is clear that the claimant never received the previously authorized chiropractic treatment and as such there could be no functional improvement. A date extension of the previously authorized chiropractic treatment with a chiropractor that is closer to the claimant would be appropriate. Therefore, prior to certifying any additional chiropractic treatment the claimant should complete the previously authorized chiropractic care, therefore making the requested treatment not medically necessary.