

Case Number:	CM15-0179734		
Date Assigned:	09/21/2015	Date of Injury:	10/18/2012
Decision Date:	11/02/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/11/2015

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 51 year old female, who sustained an industrial injury on 10-18-12. Medical record indicated the injured worker is undergoing treatment for cervical spine sprain-strain, lumbar spine sprain-strain and myospasm. Treatment to date has included oral medications including Sentra and Gabadone; physical therapy, chiropractic treatment (unclear how many total sessions) and activity modifications. Currently on 7-23-15, the injured worker complains of neck pain rate 3 out of 10 and low back pain rated 4 out of 10 which is improved since 6-23-15 when she rated the low back pain 6 out of 10 and neck pain remains the same. Physical exam performed on 7-13-25 revealed cervical spine and lumbar spine tenderness with decreased range of motion. A request for authorization was submitted on 7-25-15 for urine toxicology screening, follow up exam and chiropractic therapy 3 times a week for 4 weeks. On 8- 5-15, utilization review non-certified a request for chiropractic care 3 times a week for 4 weeks noting, there pain complaints to multiple body areas but requests lack specification as to the body part intended from chiropractic treatment and this a chronic injury; there is also lack of documentation of the total number of chiropractic sessions already received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care, 3 times wkly for 4 wks, 12 sessions: 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 neck and low back pain. According to the available medical records, the claimant has had extensive conservative treatments include medications, injections, physical therapy, and chiropractic with no benefits. It is unclear how many chiropractic visits the claimant completed to date, however, there is no evidences of objective functional improvements. The claimant continued to have ongoing residual pain. Based on the guidelines cited, the request for additional 12 chiropractic visits is not medically necessary.