

Case Number:	CM15-0023797		
Date Assigned:	02/13/2015	Date of Injury:	06/23/2010
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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 66-year-old female who sustained an industrial injury on 06/23/2010. She experienced a slip and fall and injured her right knee, back and neck, and re-injured her shoulder. Diagnoses include chronic neck and back pain, cervical and lumbar radiculopathy. Treatment to date has included 20+ physical therapy, 12+ chiropractic sessions, and medications with some relief, diagnostic studies, and lumbar steroid injections with no relief. A physician progress note dated 12/05/2014 documents the injured worker has continued low back pain which radiates down both legs to her toes with her left worse than the right. She complains of low back pain and rates it as 6 out of 10, and it is a constant stabbing pain with her left worse than the right. She has radiating pain down the left lower extremity to calf. She has pain of the neck with right upper extremity symptoms. Her pain is relieved with stretching. The current plan of care is for chiropractic/physiotherapy two times a week for four weeks to the lumbar spine for decreased pain and improved function. Treatment requested is for Chiropractic Care (2x4) 8 sessions for Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care (2x4) 8 sessions for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 1/27/15 denied further Chiropractic care, 2x4 (8 sessions) for management of the patients lumbar spine. The reviewed medical records reported prior Chiropractic care 12 sessions were applied with no reported benefit to the patient. The medical history suggested additional Chiropractic care applied prior to the 12 completed by no documents as to the total number of completed visits were available. The UR determination deny additional Chiropractic care was reasonable and supported by a lack of clinical evidence on reexamination that prior care resulted in any documented functional improvement. Records also failed to identify a recent flare, exacerbation or progressive deficits where additional care would be considered. The records reviewed failed to support the medical necessity for additional Chiropractic care and were not supported as reasonable per CAMTUS Chronic Treatment Guidelines.