

Case Number:	CM15-0067458		
Date Assigned:	04/15/2015	Date of Injury:	03/14/2011
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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:

This 58 year old female sustained an industrial injury to the neck, back, right hip and left shoulder via cumulative trauma from 3/14/10 to 3/14/11. Previous treatment included magnetic resonance imaging, Chiropractic therapy, home exercise and medications. In a PR-2 dated 2/5/15, the injured worker complained of ongoing pain that radiated into the right sacroiliac joint and right trochanter associated and left shoulder pain. The injured worker reported poor sleep without medications due to pain. The injured worker rated her pain 4-8/10 on the visual analog scale. The injured worker reported that functionality improved with medications and Chiropractic therapy treatment. Current diagnoses included cervical spine sprain/strain with radicular symptoms and secondary headaches, left shoulder impingement, right hip pain and chronic low back pain. The treatment plan included medications (Tramadol), continuing home exercise and continuing chiropractic therapy for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy (4 visits, for flare-ups, neck, and low back): Upheld

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

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

Decision rationale: The UR determination of 3/13/15 denied the request for Chiropractic treatment from 1/6/15 through 3/6/15 citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records failed to address the medical necessity for continued Chiropractic that per CAMTUS Chronic Treatment Guidelines require objective clinical evidence of functional improvement at the time of additional treatment request; none was provided leading to denial of requested care. The review of all records did not provide the evidence of functional gains with prior applied care sufficient to support additional care per CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.