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| Case Number: | CM15-0068973 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 02/06/2015 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/11/2015 |

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, 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 62 year old female, who sustained an industrial injury on 2/6/2015. She reported cumulative injuries while working as an administrative assistant. The injured worker was diagnosed as having lumbar sprain with radiculopathy, cervical and trapezius strain, left shoulder impingement, bilateral hip sprain and thoracic spine sprain. There is no record of a recent diagnostic study. Treatment to date has included medication management. In an addendum note dated 3/11/2015, the injured worker complains of joint pain, muscle spasm and weakness. The treating physician is requesting 12 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4 for the cervical, thoracic, lumbar spine, left shoulder, right wrist, bilateral hips: 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.

Decision rationale: The UR determination of 3/24/15 denied the request for 3x4 Chiropractic care citing CA MTUS Chronic Treatment Guidelines. The UR determination addressed the lack of clinically documented examination deficits to establish the medical necessity for the requested Chiropractic care. The reviewed medical records fail to establish the medical necessity for the requested Chiropractic care and are not supported by referenced CA MTUS Treatment Guidelines.