

Case Number:	CM15-0075987		
Date Assigned:	04/28/2015	Date of Injury:	05/01/1996
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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 70 year old male who sustained an industrial injury on 11/06/1996. Current diagnoses include musculoligamentous sprain of the cervical spine with right upper extremity radiculitis, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulges, degenerative disc disease, internal derangement bilateral shoulders, and tendinitis bilateral shoulders. Previous treatments included medication management, gym exercise program, ketorolac injection, cortisone injection, chiropractic therapy. Previous diagnostic studies include an MRI. Report dated 01/21/2015 noted that the injured worker presented with complaints that included neck stiffness with limited range of motion, left hand numbness, radiating pain in the head and shoulders, mid back pain, lower back pain, and numbness and tingling in the left foot. Pain level was 10 out of 10 (left shoulder) and 8 out of 10 (mid back) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continue medications, continue exercise program at the gym, chiropractic therapy, request for MRI, and a ketorolac injection. Disputed treatments include chiropractic treatment, 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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 3/19/15 denied the request for an additional 8 visits of Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The patient had been treated historically with 81 Chiropractic visits over a 12 month period of time prior to this request for 8 additional visits. The reviewed medical records failed to establish the medical necessity for continuing treatment to include an additional 8 Chiropractic visits. Care as requested exceeds CAMTUS Chronic Treatment Guidelines. Therefore, the request for Chiropractic treatment, 8 visits is not medically necessary.