

Case Number:	CM15-0076170		
Date Assigned:	04/27/2015	Date of Injury:	02/08/1998
Decision Date:	05/26/2015	UR Denial Date:	04/06/2015
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 65 year old female, who sustained an industrial injury on 12/08/1998. According to a progress report dated 03/12/2015, the injured worker was seen in follow up for evaluation for chronic pain, weakness and numbness left lower extremity following lumbar fusion, right neck pain with stiffness and headaches, tingling and numbness of right hand, chronic weakness right lower extremity, chronic neck pain/chronic neck stiffness, chronic headaches and muscle spasms of the legs. She continued to have the same symptoms as before. Her prior visit was in December 2014. Treatment to date has included medications, imaging, chiropractic care, acupuncture, injections and knee surgery. Diagnoses included chronic pain syndrome, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, dyspepsia and other specified disorder of function of stomach, sciatica, dysthymic disorder, coronary atherosclerosis of unspecified type of vessel, native or graft, other bursitis disorders, unspecified musculoskeletal disorder and symptoms referable to neck and cervicalgia. Currently under review is the request for 6 sessions of Chiropractic care for multiple body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care for Multiple body parts, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The April 3, 2015 UR determination denied the request for additional Chiropractic care, 6 sessions citing CAMTUS Chronic Treatment Guidelines. The reviewed documents supporting additional Chiropractic utilization failed to satisfy the CAMTUS Treatment Guidelines by providing clinical evidence of residual deficits necessitating care, evidence of a functional restoration program or evidence that prior Chronic Treatment Guidelines. Therefore the request is not medically necessary.