

Case Number:	CM15-0099714		
Date Assigned:	06/02/2015	Date of Injury:	09/07/1999
Decision Date:	06/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/25/2015

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 46 year old female sustained an industrial injury to the neck and back on 9/7/99. Magnetic resonance imaging lumbar spine (4/25/03) multilevel degenerative disc changes with mild foraminal narrowing. Magnetic resonance imaging cervical spine (4/19/00) showed very mild disc desiccation at C3-4 and minimal bulge at C4-5. Recent treatment included chiropractic therapy and ibuprofen. In a progress note dated 3/23/15, the injured worker complained of ongoing pain to the neck and back rated 7/10 on the visual analog scale. The injured worker reported a recent flare-up that began on 3/18/15, limiting her ability to perform activities of daily living. Current diagnoses included neck pain, thoracic spine pain, lumbar spine pain, lumbosacral pain and joint pain. The treatment plan included chiropractic therapy three times a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6 visits over 1 month for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/15/15 denied the request for 6 visits of Chiropractic care over a 1 month period in management of the patients cervical and lumbar spine citing CAMTUS Chronic Treatment Guidelines. On 5/7/15 2 visit were certified in compliance with guideline recommendations. The medical necessity for continued Chiropractic management is not supported by the report from [REDACTED] or the referenced CAMTUS Chronic Treatment Guidelines that require evidence of functional improvement following the prior course of certified care. There remains no documentation of the number of completed Chiropractic visits or whether the patient demonstrated any objective functional gain with prior certified care.