

Case Number:	CM13-0013536		
Date Assigned:	03/26/2014	Date of Injury:	10/17/2011
Decision Date:	05/07/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Chiropractor, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old male who reported an injury on 10/17/2011. The mechanism of injury was not provided. Current diagnoses include cervical disc herniation, chronic cervical musculoligamentous sprain, lumbar disc herniation, chronic lumbar musculoligamentous sprain, bilateral upper extremity radiculopathy, bilateral lower extremity radiculopathy, and anxiety secondary to chronic pain. The injured worker was evaluated on 06/24/2013. The injured worker reported persistent neck pain, lower back pain, and right lower extremity radiculopathy. Physical examination revealed tenderness to palpation of bilateral paraspinal muscles, limited cervical range of motion, 2+ deep tendon reflexes, limited lumbar range of motion, negative straight leg raising, and decreased sensation in the lateral aspect of the right lower extremity. Treatment recommendations included chiropractic therapy twice per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC TREATMENT OF THE CERVICAL SPINE 2 TIMES PER WEEK FOR 4 WEEKS AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state manual therapy and manipulation are recommended for chronic pain. Treatment for the low back is recommended as an option with a therapeutic trial of six visits over two weeks. The current request for eight sessions of chiropractic therapy exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.