

Case Number:	CM13-0056439		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2012
Decision Date:	03/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic Care and is licensed to practice in California. 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 physician 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:

According to the available medical records, this is a 35 year old male patient with chronic neck and low back pain, date of injury 01/25/2012. The previous treatment includes medications, physical therapy, chiropractic, injection, acupuncture and psychiatric treatment. The progress report dated 09/26/2013 by [REDACTED] revealed patient continues to be symptomatic, he continues to have pinching in his lower back and a stiff neck. He states that the chiropractic treatment helped released the pressure in his back. A cervical examination revealed paravertebral muscle tender, spasm is present, ROM restricted, sensation is reduced in bilateral median nerve distribution. The bilateral wrists joint lines are tender to palpation, sensation is reduced in bilateral median nerve distribution, grip strength is reduced bilaterally, lumbar spine paravertebral muscle tender, spasm is present, ROM restricted, SLR test positive bilaterally, sensation is reduced in bilateral L5 dermatomal distribution, bilateral greater trochanters are tender to palpation, bilateral knees joint lines are tender to palpation, positive McMurray's, minimal effusion noted, left TFL tender to palpation, lateral laxity noted, Tinel's and Phalen's are positive in both hands, sensation reduced in bilateral median nerve distribution, Grip strength reduced bilaterally, bilateral median elbows are tender to palpation and positive Tinel's at the elbows. The patient is to continue regular work as before.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional chiropractic treatments over the legislative CAP of 24 chiro for the cervical and lumbar spine: 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 Chronic Pain Page(s): 58-59.

Decision rationale: Review of the available medical records shown this patient has had 24 chiropractic treatments with no evidence of objective functional improvement. Based on the guideline cited above, the request for additional 12 chiropractic treatment is not medically necessary.