

Case Number:	CM14-0105982		
Date Assigned:	07/30/2014	Date of Injury:	12/16/2012
Decision Date:	10/21/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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 Chiropractics 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 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:

According to the available medical records, this is 40 year old male patient with chronic neck pain, low back pain and knees pain, date of injury is 12/16/2012. Previous treatments include medications, physical therapy, shockwave therapy, lumbar braces, TENS unit. AME supplemental report dated 05/14/2014 revealed all the treatments the patient has had up until 10/21/2013, diagnoses included cervical spine sp/st, lumbar spine herniated nucleus pulposus, bilateral knee internal derangement, bilateral knee medial meniscus tear, anxiety disorder, mood disorder, sleep disorder and stress. The patient has not shown any improvement since November 2012 with treatments to her cervical spine and is permanent and stationary minus any epidurals for her lumbar spine, she is not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor 2x wk x 40 wks ; Cervical & Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: Reviewed of the available medical records did not show any previous trial of chiropractic treatments for this patient's cervical and lumbar complaints. A trial of chiropractic treatment would be reasonable, however, the request for 8 treatments exceeded the guideline recommendation for a trial of 6 visits over 2 weeks with evidence of objective functional improvement. Therefore, it is not medically necessary.