

Case Number:	CM14-0160208		
Date Assigned:	10/03/2014	Date of Injury:	09/16/2013
Decision Date:	12/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

Patient is a 41 year old male with a date of injury on 9/16/2013. Subjective complaints are of neck, back, and arm pain. Physical exam showed reduced C7 distribution, decreased cervical range of motion, and positive left sided Spurling's test. The lumbar spine showed paravertebral tenderness, spasms, and reduced range of motion. Treatment has included medications and acupuncture. Records indicate that the patient has had prior chiropractic care which was helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor Services 3x4 Neck and Lumbar: Upheld

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

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

Decision rationale: CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive symptomatic or objective gains in function and progression of a therapeutic exercise program. CA MTUS specifically recommends a trial of 6 visits over 2 weeks, and with evidence of

objective functional improvement, a total of up to 18 visits over 6-8 weeks. For this patient, the requested 12 chiropractic visits exceeds the recommended trial of 6 visits, and additional sessions would be predicated on documentation of improved function. Therefore, the medical necessity for 12 chiropractic sessions is not established at this time. The request is not medically necessary.