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| Case Number: | CM14-0160270 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 07/29/2011 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

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 licensed 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 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 a 49 year old male with chronic neck and low back pain, date of injury is 07/29/2011. Previous treatments include medications, C5-7 surgical fusion, chiropractic, home exercise program. Progress report dated 08/07/2014 by the treating chiropractor revealed patient with complains of neck pain, low back pain, and right shoulder. Physical exam revealed positive foraminal compression test bilaterally, cervical paraspinal tenderness, palpable twitch positive trigger points in the muscles of the head and neck, anterior flexion 40 degrees with pain, extension 40 with pain, left lateral rotation 50 with pain, painful right lateral rotation 50, positive SLR bilaterally, pain noted over the lumbar disc space palpation, bilateral SI joint pain, lumbar paraspinal muscles tender, palpable twitch positive trigger point, painful anterior lumbar flexion at 40, painful extension, lateral flexion are 15 on each sides with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks, for the Cervical Spine and Lumbar Spine: Upheld

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

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

Decision rationale: The claimant presents with chronic neck and back pain despite previous treatments with medications, surgery, chiropractic, and home exercises. The available medical records showed the claimant has recently completed 6 chiropractic treatments from 04/01/2014 to 06/26/2014 with no evidences of objective functional improvement. Based on the guidelines cited above, the request for additional 12 chiropractic treatments for the neck and lower back is not medically necessary.