

Case Number:	CM14-0165967		
Date Assigned:	10/13/2014	Date of Injury:	03/19/2014
Decision Date:	12/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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 a licensed Doctor of Chiropractic 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 60 year old female with chronic neck and low back pain, date of injury is 03/09/2014. Previous treatments include medications, acupuncture, injection to the lower back. Progress report dated 08/29/2014 by the treating doctor revealed patient complains of aching right sided neck pain with extension of the neck, intermittent pins and needles sensation in low back pain, radiating numbness and weakness down the posterior aspect of right lower extremity into toes, pain level is 6-7/10 with medications and 9/10 without medications. Physical examination revealed diffuse pain with palpation over the cervical and lumbar paraspinous regions, right greater than left, cervical ROM and lumbar ROM decreased in all planes, +4/5 right deltoid, biceps, internal rotation and external rotation, right psoas, quads, hamstrings, TA, EHL, INV, PF, EV, positive SLR on the right to the toes. Diagnoses include lumbar radiculopathy, cervical and lumbar sp/st. The treatment request is chiropractic care at 2 times a week for four weeks. The patient is temporarily partially disabled, sedentary work only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical and lumbar spine, 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: The claimant presents with ongoing neck and low back pain. Previous treatments include medications, injection and acupuncture. There is no history of chiropractic treatments. A trial of 6 chiropractic visits over 2 weeks might be recommended by MTUS guidelines, however, the currently request for chiropractic treatments 2 times a week for 4 weeks exceeded the guideline recommendation for care. Therefore the request is not medically necessary.