

Case Number:	CM14-0167239		
Date Assigned:	10/14/2014	Date of Injury:	01/07/2008
Decision Date:	11/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 41 year old male with chronic neck and back pain, date of injury is 01/07/2008. Previous treatments include lumbar fusion at L4-5 and L5-S1 in 2009, physical therapy, and medications. An undated doctor's first report from the requesting doctor revealed the patient had neck and low-mid back pain, bilateral arm pain with tingling and numbness, and bilateral leg pain. Physical examination revealed restricted cervical and lumbar ROM, positive Spurling test, positive Kemp's, positive Gaenslen, decreased DTR on left knee and left ankle, multiple trigger points in the cervical, thoracic and lumbar. Diagnoses include status post lumbar surgery, cervical and lumbar disc, and cervical-thoracic-lumbar segmental dysfunction, cervical and lumbar radiculopathy. Conservative chiropractic treatment 2 x a week for 5 weeks and a referral for pain management is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 chiropractic treatments for the neck, mid back and low back: Upheld

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

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

Decision rationale: The injured worker presents with chronic neck and back pain. According to the QME report dated 08/13/2014, the injured worker last saw a doctor two years ago and is not taking medications. Given the limited treatment history and the patient's current status of neck pain and dysfunction, a trial of 6 chiropractic treatment over 2 weeks might be recommended by MTUS guideline, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks. Without evidences of objective functional improvement, the request for 10 visits exceeded the guideline recommendation; therefore, the request is not medically necessary.