

Case Number:	CM14-0171029		
Date Assigned:	10/23/2014	Date of Injury:	07/01/2012
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 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:

The patient was addressed as a 54 year old male with a reported continuous trauma; date of injury 7/1/12. Documentation was provided that the treating diagnosis was lumbar sprain/strain. The 9/12/14 doctor's first report of injury identified pain in the lower back, upper back pain on the right side, right shoulder, elbow and forearm. Limited range of motion was reported with pain in all areas. Positive orthopedic testing was reported in all areas. 12 Chiropractic sessions were requested. A UR determination certifying 6 of 12 requested Chiropractic visits was dated 10/3/14 and contained the reviewers rational for denial of 12 sessions of Chiropractic and recommendation for a modified plan of care, 6 sessions per referenced California MTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 12 sessions, lumbar, thoracic, cervical spine: 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 & manipulation Page(s): 58, 59.

Decision rationale: The patient was addressed as a 54 year old male with a reported continuous trauma; date of injury 7/1/12. Documentation was provided by the treating Chiropractor that residuals of a cumulative trauma affecting the spine and right upper extremity required implementation of Chiropractic care, 12 sessions. There was no prior history of Chiropractic care leaving this an initial trial of care that per California MTUS Chronic Treatment Guidelines would support a trial of care of 6 sessions. The requested 12 sessions of Chiropractic care exceeded California MTUS Chronic Treatment Guidelines. Therefore, this request is not medically necessary.