

Case Number:	CM14-0061769		
Date Assigned:	07/09/2014	Date of Injury:	08/13/2012
Decision Date:	09/23/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Chiropractor, 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 32 year old male patient with chronic head, neck and back pain, date of injury 08/13/2012. Previous treatments include medications, injections, psychiatric therapy, acupuncture, chiropractic, physical therapy, home exercise and home EMS. Progress report dated 02/28/2014 by the treating doctor revealed patient with increased in low back pain with radiated pain to bilateral knees, pain is rated 8/10, severe, constant with associated numbness and weakness in left leg. Patient also complains of increased neck pain with referred to bilateral arms, pain increased with pushing, pulling and decreased with rest and medications. Right shoulder and bilateral feet improved. Objective findings include lumbar spine tender to palpation paravertebrals muscles at lumbosacral junction, bilateral SLR positive with left more than right, bilateral Yeoman's test positive with left more than right. Cervical paravertebral muscles and bilateral upper trapezii are tender to palpation, positive axial compression with pain to both arms. Diagnoses include thoracic sp/st, lumbar sp/st, left wrist sp/st, cervical sp/st, left leg radiculitis, bilateral arm radiculitis, and bilateral foot plantar fasciitis, left shoulder strain. The patient continued to be on temporarily totally disabled for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Number of Visits.

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

Decision rationale: According to the medical records, the patient continues to have ongoing pain to multiple body parts including the low back. He has been receiving ongoing conservative medical cares which include medications, acupuncture, physical therapy, chiropractic, home exercise and home EMS. Previous chiropractic treatments did not show any evidences of objective functional improvements. Based on the guidelines cited above, the request for Chiropractic Therapy 1x6 is not medically necessary.