

Case Number:	CM14-0176807		
Date Assigned:	10/30/2014	Date of Injury:	10/01/2013
Decision Date:	04/21/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 injured worker is a 39 year old male, who sustained an industrial injury on 10/1/2013. Currently he reported constant and severe burning radicular neck pain, aggravated with movement, moderate-to-severe, burning and radiating low back pain, into the lower extremities, and burning, and moderate-to-severe bilateral ankle and foot pain with muscle spasms; all relieved with medications. The injured worker was diagnosed with, and/or impressions were noted to include, cervical spine sprain/strain, with radiculopathy; lumbar sprain/strain; and bilateral foot pain. Treatments to date have included consultations, diagnostic magnetic resonance imaging; and medication management. Current treatment plan notes, dated 9/24/2014, recommended physical therapy and acupuncture therapy for the affected body parts, with the continuation of his current medications. A work status was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x week for 6 weeks cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with chronic neck and low back pain. Previous treatments noted to include medications. There is no prior chiropractic treatments records. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 18 visits exceeded the guidelines recommendation. Therefore, without demonstrating functional improvement with the trial visits, the request for 18 visits is not medically necessary.