

Case Number:	CM14-0189736		
Date Assigned:	11/20/2014	Date of Injury:	11/26/2013
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/13/2014

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 Chiropractor & Acupuncturist, 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 injured worker is a 52 year old male who reported neck, mid back and low back pain from injury sustained on 11/26/13. On the day of the injury, "he was sitting on the bed in his truck when the driver stopped immediately causing him to fall out of the bed". Patient is diagnosed with brachial neuritis, lumbosacral neuritis and sprain of thoracic region. Patient has been treated with Medication, Physical Therapy and Epidural Injection. Per medical notes dated 07/09/14, patient complains of constant neck pain rated at 5/10 radiating to bilateral shoulder. Patient complains of low back pain which is constant 6/10 radiating to bilateral legs down to bilateral feet with numbness and tingling. Per medical notes dated 09/10/14, patient complains of constant neck pain rating at 4-5/10 radiating to bilateral shoulders and arms. There was numbness to bilateral hands. Patient has headaches. Patient complains of constant low back pain radiating to bilateral legs with numbness and tingling greater on the left. Provider requested initial trial of 2X4 chiropractic treatment cervical, thoracic and lumbar spine which was denied by the utilization review on the basis of "spinal manipulation being risky in a patient with nerve root impingement". Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, 2 times a week for 4 weeks to the cervical, thoracic and lumbar spine: Upheld

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

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

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 2X4 chiropractic treatment cervical, thoracic and lumbar spine which was denied by the utilization review on the basis of "spinal manipulation being risky in a patient with nerve root impingement". Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Chiropractic visits are not medically necessary.