

Case Number:	CM14-0200475		
Date Assigned:	12/10/2014	Date of Injury:	08/15/2014
Decision Date:	01/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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:

Claimant is a 30-year old male who sustained a work related injury on 8/15/2014. Prior treatment includes medications, modified duty, physical therapy, and chiropractic. Per a PR-2 dated 11/13/14, the claimant states that pain is unchanged and persists. He is working regular duty. He has no restricted motion of the back or any positive examination findings except for +pain flexion." His diagnoses are cervical sprain/strain, left shoulder sprain/strain, and lumbar strain/sprain. Per a PR-2 dated 9/24/14, the claimant states that the neck, back, and left shoulder pain have had no change with treatment. On 9/24/14, the claimant also had his sixth chiropractic session. Per a chiropractic therapy status report on 9/15/14, the claimant states that there is no change with treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation of the cervical and lumbar regions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. The claimant did already have a trial of treatments with the providers state that there was no improvement. It is unclear why further visits are being requested. Therefore further chiropractic visits are not medically necessary.