

Case Number:	CM14-0203049		
Date Assigned:	12/15/2014	Date of Injury:	12/18/2001
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 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:

The patient is a 72-year-old male with a date of injury of 12/18/2001. According to the progress report date 10/21/2014, the patient complained of left knee, bilateral shoulders, cervical spine, and lumbar spine pain. The pain was constant and was rated at 8/10. Significant exam findings include limited and pain range of motion in the cervical and lumbar spine. There was tenderness and spasm in the paraspinal muscles and the sub occipital. The patient was diagnosed with lumbago and cervicgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Chiropractic sessions to the cervical and lumbar spine: Upheld

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

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

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The injured worker was authorized 6 visits out of the 18 requested. There was no documentation of the outcome of the 6 authorized visits.

Additional chiropractic sessions may be warranted if there was documentation of objective functional improvement. However, there was no documentation of functional improvement from the 6 authorized visits; therefore, the provider's request for 18 chiropractic sessions is not medically necessary at this time.