

Case Number:	CM14-0204037		
Date Assigned:	12/16/2014	Date of Injury:	09/08/2008
Decision Date:	02/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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, Minnesota
 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 51 year old male who was injured on 09/08/08 when he moved a floor bar weighing 300 lbs. and strained his low back. Per MRI's he has been diagnosed with C3-6 HNP per records, L3-S1 HNP per records and right knee osteoarthritis. He has been treated mainly with medications and physical therapy. No documented prior chiropractic treatment. He has also been diagnosed with hypertension, hyperlipidemia, heart/abdominal/psych. disorders due to the job. Upper extremity EMG revealed cervical radiculitis C4-5 nerve root greater on the right and NCV revealed bilateral CTS. He is also having issues with his eyes. The doctor is requesting Chiropractic therapy 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times per week for 4 weeks: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The requested treatment of chiropractic therapy 2 times per week for 4 weeks is not according to the guidelines above. Therefore, this request is not medically necessary.