

Case Number:	CM14-0211774		
Date Assigned:	12/24/2014	Date of Injury:	01/08/2014
Decision Date:	07/02/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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, Oriental Medicine

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 66 year old male, who sustained an industrial injury on January 8, 2014. The injured worker was diagnosed as having cervical and lumbar disc herniation. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included medication. A progress note dated December 3, 2014 provides the injured worker complains of neck and back pain. Physical exam notes cervical and lumbar tenderness with decreased range of motion (ROM). The plan includes medication, lab work, chiropractic and shock wave therapy and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 2 times a 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 Manual Therapy and Manipulation Page(s): 58, 59.

Decision rationale: The 12/12/14 UR determination denying further Chiropractic treatment, 2 x 4 to the patient's cervical and lumbar spine cited California MTUS Chronic Pain Medical Treatment Guidelines. There is reference to the patient receiving Chiropractic care 6 sessions after a 11/21/14 treatment request but no subsequent reporting that applied care led to any objective clinical evidence of functional improvement as required by the California MTUS Chronic Pain Medical Treatment Guidelines. The medical necessity for the additional 8 Chiropractic visits to manage deficits in the cervical/lumbar spine regions was not provided in the supplemental report of 12/3/15; care was not in compliance with those prerequisites for additional per California MTUS Chronic Pain Medical Treatment Guidelines. Therefore, this request is not medically necessary.