

Case Number:	CM15-0005768		
Date Assigned:	01/20/2015	Date of Injury:	10/28/2013
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 43 year old male with an industrial injury dated 10/28/2013. His diagnoses include lumbar spine strain/sprain and cervical spine strain/sprain. Recent diagnostic testing has included a MRI of the lumbar spine which multilevel disc protrusion with facet hypertrophy. He has been treated with physical and chiropractic therapy for several months. In a progress note dated 11/26/2014, the treating physician reports (although hard to read) low back pain despite treatment. The objective examination revealed tenderness in the lumbar paraspinals with mild spasms without radicular symptoms, and tenderness in the cervical paraspinals. The treating physician is requesting 4 additional chiropractic treatments which was denied by the utilization review. On 12/11/2014, Utilization Review non-certified a request for chiropractic treatment times 4, noting the absence of clearly objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous treatments, and the lack of a documented number of completed treatments. The MTUS was cited. On 01/12/2015, the injured worker submitted an application for IMR for review of chiropractic times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with ongoing neck and lower back pain despite previous treatments with medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has had chiropractic treatments but frequency, duration, and total number of visits is unknown. There is no evidences of objective functional improvement with prior chiropractic treatments either. Based on the guidelines cited, the request for additional 4 chiropractic visits is not medically necessary.