

Case Number:	CM15-0005941		
Date Assigned:	01/26/2015	Date of Injury:	03/20/2008
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
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 33 year old male who sustained an industrial injury on 3/20/08. The injured worker reported symptoms in the back and lower extremities. The diagnoses included status post posterior/lateral instrumented decompression and fusion at L1 through L3 for fracture and myelopathy. Treatments to date have included conservative care, oral pain medications, and inpatient rehabilitation. Provider documentation dated 11/10/14 noted the injured worker presents with "pain, episode of lock, episodes of giving way, tenderness, limitation of motion and weakness in the lumbar spine with radiation of pain into both buttocks and things with radiation of pain, numbness and tingling into both lower extremities...". The treating physician is requesting Chiropractic Treatments, twice a week for six weeks to the thoracic and lumbar spine. On 12/17/14, Utilization Review non-certified a request for Chiropractic Treatments, twice a week for six weeks to the thoracic and lumbar spine. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments, twice a week for six weeks for the thoracic and lumbar spine:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, at the time of the initial evaluation dated 11/10/2014 did not indicate that the claimant's current complaints were above me on his permanent and stationary status. Therefore, the medical necessity for the requested 12 chiropractic treatments was not established.