

Case Number:	CM15-0103078		
Date Assigned:	06/05/2015	Date of Injury:	02/06/2015
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/29/2015

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, 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 49 year old male, who sustained an industrial injury on February 6, 2015. He reported pain in his neck, back and right arm. She was diagnosed with cervical strain, thoracic strain, lumbar sprain and right forearm sprain. Treatment to date has included imaging of the cervical, thoracic and lumbar spine, imaging of the right forearm, ace wrap and medication. Currently, the injured worker complains of constant sharp neck pain with stiffness. The pain radiates down the left arm with associated numbness and tingling to the arms. He rates the pain a 5-8 on a 10 point scale. He reports pain that radiates to the upper back and also headaches. His low back pain is frequent and rated a 3-5 on a 10-pont scale. The low back pain radiates to the buttocks and legs. The diagnoses associated with the request include cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain with bilateral lower extremity radicular symptoms. The treatment plan includes chiropractic therapy to the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 x 4 for the cervical/thoracic/lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: It is unclear if the patient has had prior chiropractic treatment or if the request is for initial trial of care. Clinical notes fail to document any functional improvement with prior care. Provider requested 2X6 chiropractic sessions for lumbar cervical/thoracic/lumbar spine which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.