

Case Number:	CM15-0103179		
Date Assigned:	06/05/2015	Date of Injury:	08/22/1995
Decision Date:	07/03/2015	UR Denial Date:	05/04/2015
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, 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 54 year old male, who sustained an industrial injury on August 22, 1995. Treatment to date has included chiropractic therapy, work restrictions, occupational therapy and medications. Currently, the injured worker's physical examination was unchanged from his previous visit. An evaluation on January 19, 2015 revealed the injured worker had slight spasm, tenderness and stiffness in the neck and low back with less radicular complaints than previously. The injured worker reports improvement in his cervical discopathy and lumbar discopathy with chiropractic therapy. The diagnoses associated with the request include cervical discopathy, lumbar discopathy and bilateral carpal tunnel syndrome. The treatment plan includes continued chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro Visits QTY:12: 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 9792.20-9792.26 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 doctor has requested 12 chiropractic treatments over an unspecified period of time. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.