MAXIMUS Federal Services

Case Number:	CM15-0104775		
Date Assigned:	06/05/2015	Date of Injury:	04/11/2013
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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:

This 31 year old male sustained an industrial injury on 4/11/13. He subsequently reported neck pain. Diagnoses include multilevel disc protrusions, chronic cervical and thoracic strain and cervicalgia. Treatments to date include x-ray and MRI testing, injections, TENS treatment, physical therapy and prescription pain medications. The injured worker continues to experience low back, thoracic, neck and bilateral lower extremity pain. Upon examination, bilateral thigh flexion is reduced, spasm and guarding is noted in the lumbar spine. Lumbar cervical and thoracic spine ranges of motion are decreased. A request for chiropractic x 12 visits was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chiropractic manipulative therapy.

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 requested 12 chiropractic visits over an unspecified period of time. (the UR doctor modified the treatment to 6 approved treatments over 2 weeks which is according to the above guidelines.) The above request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary. After the 6 treatments are completed the doctor must submit objective functional improvement in order to receive more treatment for the patient.