

Case Number:	CM15-0106601		
Date Assigned:	06/11/2015	Date of Injury:	02/10/2014
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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: Chiropractic

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 34 year old male, who sustained an industrial injury on February 10, 2014. He reported neck, upper, mid and low back pain, bilateral knee pain and bilateral upper extremity pain after striking his helmeted head on a pipe while standing on a scissor lift unaware it was going to ascend. The injured worker was diagnosed as having status post left knee arthroscopy and cervical, thoracic and lumbar sprain with overlying muscle spasm. Treatment to date has included diagnostic studies, physical therapy, acupuncture and activity restrictions. Currently, the injured worker complains of constant neck pain radiating down the entire back to the buttocks. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 9, 2015, revealed continued pain as noted. He reported feeling as if he had been run over. He reported being unable to tolerate land based therapy and noted acupuncture worsened symptoms. It was noted x-ray studies of the cervical, thoracic and lumbar spine were largely unremarkable. He reported he was not interested in surgical intervention or medications. Chiropractic care and aquatic therapy were discussed as treatment options. Chiropractic therapy for the cervical, thoracic and lumbar spine were requested. The PTP requested an initial trial of 8 sessions of chiropractic care to the cervical, thoracic and lumbar spine. The carrier has modified the request and approved an initial trial of 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy times eight for the cervical spine, thoracic spine, and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters, Manipulation Sections.

Decision rationale: The patient has not received chiropractic care for his injuries in the past. The ODG Neck & Upper Back and Low Back Chapters recommends an initial trial of 6 sessions of chiropractic care. The MTUS Chronic Pain Medical Treatment Guides also recommends an initial trial of 6 sessions of chiropractic care to the lumbar spine. The UR department has reviewed the request per the records provided and approved 6 initial sessions per MTUS and ODG recommendations. Additional sessions are recommended by the guides with evidence of objective functional improvement. I find that the 8 initial chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.