

Case Number:	CM15-0109526		
Date Assigned:	06/16/2015	Date of Injury:	10/28/2011
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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 54 year old male who sustained an industrial injury on 10/28/2011. Current diagnoses were not legible. Previous treatments included medications, physical therapy, chiropractic, home exercise program, and transforaminal epidural steroid injections. Report dated 05/11/2015 noted that the injured worker presented with complaints that included ongoing pain in the neck, back, right knee, and bilateral shoulder. Pain level was 6-7 out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormalities in the lumbar spine, cervical spine, and bilateral shoulder. The treatment plan included request for physical therapy, follow up with [REDACTED], refilled medications, and follow up in 6-8 weeks. Of note much of this report was hard to decipher. Report dated 05/26/2015 notes that the injured worker has failed prior conservative treatments which included physical therapy, chiropractic manipulative therapy, medication, rest, and home exercise program. Disputed treatments include chiropractic treatment for the lumbar spine 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 2 times wkly for 4 wks, Lumbar spine, 8 sessions: 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 Page(s): 58.

Decision rationale: The medical necessity for the requested 8 additional chiropractic treatments was not established. The past denial was based on the assertion that the claimant had undergone a course of chiropractic treatment with no acknowledgment from either [REDACTED] or the AP that the applied care has led to any functional improvement. 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 8 treatments exceed this guideline. Moreover, it does appear that the claimant has undergone a course of treatment prior to this request with no evidence as to the amount of treatment rendered or evidence of functional improvement. Therefore, consistent with medical treatment utilization schedule guidelines, the medical necessity for the requested 8 additional chiropractic treatments was not established.