

Case Number:	CM15-0131752		
Date Assigned:	07/20/2015	Date of Injury:	05/20/2013
Decision Date:	08/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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 55-year-old male who sustained an industrial injury on 5/20/13. Progress report dated 5/28/15 reports persistent lower back pain. Pain level is rated 4/10 with medications and 6/10 without. Surgery has been previously recommended. The pain level is much better after 6 sessions of chiropractic treatment and he has been able to take less pain medication. Diagnoses include chronic low back pain, chronic neck pain and chronic left shoulder pain. Plan of care includes: request additional chiropractic care along with cervical decompression 2 times per week for 8 weeks, request orthopedic consult for left shoulder, continue with other treating doctors and continue medications; prescription given for Norco # 60. Work status: no lifting over 20 pounds, no frequent bending and stooping. Not currently working. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic treatment care for the cervical spine: 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 Manual Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back/Mechanical traction.

Decision rationale: The claimant presented with chronic recurrent neck and low back pain. Reviewed of the available medical records showed the claimant has had at least 6 chiropractic visits from December 2014 to January 2015 with some improvement. However the claimant reported recurrent pain on 05/28/2015, and current request is 8 chiropractic visits with cervical decompression. While mechanical traction is not recommended by ODG, the request for 8 chiropractic visits exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.