

Case Number:	CM15-0133523		
Date Assigned:	07/21/2015	Date of Injury:	02/14/2013
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/10/2015

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, Oriental Medicine

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 46 year old male sustained an industrial injury on 2/14/13. He subsequently reported neck and back pain. Diagnoses include cervical intervertebral disc disorder with myelopathy and lumbar disc herniation. Treatments to date include MRI testing, injections and prescription pain medications. The injured worker continues to experience upper, mid and low back pain. Upon examination, strength was reduced in the biceps and triceps and Kemp's testing was positive bilaterally. Sensation was reduced at L4-5 and straight leg raising was positive at 45 degrees with tension bilaterally and Spurling's was positive on the right. A request for 8 Chiropractic treatment for the cervical and lumbar spine 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:

8 Chiropractic treatment for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and

Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 6/24/15 UR determination denied the request for 8 Chiropractic manipulations to the patients cervical spine and lumbar spine between 6/22 and 8/6/15 citing CA MTUS Chronic Treatment Guidelines. The reviewed PR-2 report of 6/15/15 failed to address the patient prior history of Chiropractic care or whether any functional improvement arose from care. The reviewed medical records of applied care failed to support the medical necessity for the additional 4 sessions of chiropractic care or comply with the CA MTUS Chronic Treatment Guidelines.