

Case Number:	CM15-0136383		
Date Assigned:	07/24/2015	Date of Injury:	09/13/2013
Decision Date:	08/21/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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:

The injured worker is a male who sustained an industrial injury on 9-13-13. Diagnoses are cervical strain; spondylosis, lumbar strain; spondylosis, and left shoulder tendonitis with upper extremity contusion; essentially resolved. In a supplemental orthopaedic report dated 6-3-15, the treating physician notes continued complaints of neck and low back pain. Previous bilateral shoulder complaints are improved. Medications are periodic Tylenol or Ibuprofen which are relatively effective with no side effects noted. He requests additional chiropractic therapy as this has proven previously helpful for maintenance of symptoms. Exam notes tenderness over cervical paraspinals and trapezius. There is tenderness of lumbar spine paraspinals and minimally reduced range of motion. The treatment plan is chiropractic therapy as it has been previously effective in working on pain free range of motion and conditioning to diminish pain inflammation. Work status is noted as per permanent and stationary. The requested treatment is Chiropractic 2 times a week for 3 weeks for the cervical-lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x3 cervical/lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58 and 59.

Decision rationale: The 6/17/15 UR determination denied the request for 6 Chiropractic visits to manage the patient residual cervical and lumbar spine complaints citing CAMTUS Chronic Treatment Guidelines. The reviewed records revealed that prior to the current request for additional Chiropractic care, 22 visits of manipulation was provided with no interim clinical evidence of flare/exacerbation supporting a return to active Chiropractic care. The medical necessity for additional manipulation to the cervical spine and lumbar spine was not supported by reviewed documents of CAMTUS Chronic Treatment Guidelines. Therefore, this request is not medically necessary.