

Case Number:	CM15-0140728		
Date Assigned:	07/30/2015	Date of Injury:	12/05/2014
Decision Date:	08/27/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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, Minnesota

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 38-year-old male who sustained an industrial injury on 12-05-2014. Mechanism of injury was not found in documents presented for review. Diagnoses include cervicgia, lumbago, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, sleep disturbance, skin sensation disturbance, sprain and strain of the neck and sprains and strains of the lumbar regions. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, and acupuncture, application of heat and ice and wearing a brace. His current medications include Cyclobenzaprine, Lidopro 4% ointment, Naproxen Sodium Pantoprazole Sodium, Senna laxative and Ultracet. A physician progress note dated 06-22-2015 documents the injured worker continues to complain of pain in his neck, lower back and right knee pain. He rates his pain as 6 out of 10 with 0 being no pain and 10 having the worst pain possible. He describes his pain as being aching, and it is moderate to severe and constant. His condition is associated with joint stiffness tingling and weakness. He sleeps about 5 hours a night and wakes up to stiffness and pain. His medications are effective. He has an antalgic gait. Cervical range of motion is restricted and he has muscle tenderness and spasm. Lumbar range of motion is restricted by pain. The paravertebral muscles are tender on the right side and hypertonicity, spasm and tenderness and tight muscle band is noted on the left side. Straight leg rising is positive on the right side at 60 degrees in the sitting position. There is tenderness noted over the sacroiliac spine. Right knee has restricted range of motion. There is tenderness over the lateral joint line and medial joint line. On sensor examination, light touch sensation is decreased over the medial hand, lateral hand and medial calf on the right side. The treatment

plan includes continuation of heat, ice and exercise and medications continue chiropractic therapy, and she is to be scheduled for acupuncture and she is to be given information for the Magnetic Resonance Imaging and the Electromyography with this visit. Treatment requested is for Chiropractic care for the neck and low back, eight (8) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the neck and low back, eight (8) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested chiropractic care for the neck and low back of 8 sessions over an unspecified period of time. In addition, there is no documentation of objective functional improvement from prior chiropractic care as well as exactly how many prior visits of chiropractic care this patient has received. Therefore, the requested treatment is not medically necessary and appropriate according to the above guidelines.