

Case Number:	CM15-0141372		
Date Assigned:	07/31/2015	Date of Injury:	02/03/2015
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
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
 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 45 year old male, who sustained an industrial injury on February 3, 2015. He reported constant, sharp neck pain rated at 10 on 10 that is exacerbated with movement and mid-lower back pain described as sharp and moderately severe rated at 10 on 10 and is exacerbated by movement. The injured worker was diagnosed as having neck pain, muscle spasms in the back and neck, lumbar sprain-strain and thoracic sprain-strain. Treatment to date has included medication, x-rays, heat therapy, MRI, physical therapy, chiropractic therapy and acupuncture. Currently, the injured worker complains of low back pain described as constant and aching pain, which increases to sharp and stabbing when he is walking. The pain is rated at 7-8 on 10 and radiates to both buttocks (right greater than left). He also reports stabbing pain with a burning sensation from his lower back up to his neck (along the spinal column). His neck pain is rated at 4-6 on 10 and is described as a burning sensation that radiates into his head coupled with frequent frontal headaches. He also reports a burning sensation between his shoulder blades that travels up and down his spine and intermittent numbness in his hands (right greater than left). The injured worker is currently diagnosed with cervical disc herniation, cervical facet arthropathy, lumbar degenerative disc disease, lumbar facet arthropathy and lumbar radiculopathy. His work status is modified duty; unless it cannot be accommodated, then he will be deemed temporary total disability. A progress note dated May 28, 2015, states the injured worker experienced temporary relief from physical therapy, chiropractic therapy and acupuncture therapy. The note further states the injured worker experiences minimal relief from medication. Due to ongoing complaints of pain, additional chiropractic therapy, 8 sessions, is requested in an attempt to decrease the injured worker pain, improve his range of motion and his ability to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. However, the claimant did already have a trial of treatments with no functional improvement and only temporary benefit. Therefore, further chiropractic visits are not medically necessary.