

Case Number:	CM15-0162365		
Date Assigned:	08/28/2015	Date of Injury:	09/12/2002
Decision Date:	10/14/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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 59-year-old male, who sustained an industrial injury on 9-12-02. Initial complaint was of a motor vehicle accident type III side impact causing multiple injuries. The injured worker was diagnosed as having cervical-CADS injury; thoracic sprain-strain; lumbar sprain-strain. Treatment to date has included chiropractic therapy. Currently, the PR-2 notes dated 7-8-15 indicated the injured worker complains of neck pain, neck stiffness, shoulder pain, arm pain, weakness, upper back pain-strain, lower back pain, bilateral upper and lower pain with numbness and tingling. The provider indicating loss of motion of the cervical spine, thoracic spine and lumbar spine documents physical examination. He has positive finding for orthopedic testing, sensory loss C5-C7 bilaterally with L5-S1 bilaterally. A positive Kemp's testing with positive straight leg raise. He has a positive Apley's scratch, Codman Drop and cervical distribution. The treatment plan is documented indicting per history and examination the chiropractor is requesting manipulation with these modalities and treatment: myofascial release, electric stimulation, H-wave and range of motion exercise, a paraffin wax, ultrasound, massage therapy, ice, heat and conditioning. Sixteen pages were submitted for review and the PR-2 note dated 7-8-15 is the only provider medical documentation submitted. A Request for Authorization is dated 8-18-15. The Utilization Review letter is dated 7-24-15 and non-certification the Chiropractic treatment 2 times a week for 6 weeks for the cervical, thoracic and lumbar spine. The provider is requesting authorization of Chiropractic treatment 2 times a week for 6 weeks for the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 6 weeks for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic pain in the cervical, thoracic, and lumbar spine for over 13 years. There is no treatment history documented with the available medical records. Current request is for chiropractic treatment 2x a week for 6 weeks. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, total up to 18 visits over 6-8 weeks if there is evidences of objective functional improvements with the trial visits. The request for 12 visits exceeded MTUS guidelines recommendation, therefore, it is not medically necessary.