

Case Number:	CM15-0165443		
Date Assigned:	09/03/2015	Date of Injury:	07/15/2014
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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, Montana

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 7-15-14. Treatments include: medication, home TENS unit, ice packs, physical therapy, chiropractic visits and massage therapy. Progress report dated 6-30-15 reports continued complaints of neck, mid and low back pain. The pain in his right lower extremity has worsened and become more frequent. The pain in his right leg is worsening. He has complaints of headaches 3 times per week. The neck pain is constant, aching, burning and radiates into his left shoulder. He has complaints of pins and needles in his neck. The low back pain is constant, burning, stabbing and aching. His neck pain is rated 7 out of 10 and his back pain is rated 8 out of 10. Diagnoses include: cervical herniated disc, lumbar radiculopathy, degenerative disc disease of the lumbar spine, lumbar facet arthropathy, lumbar HNP, and history of rotator cuff tear. Plan of care includes: request chiropractic treatment 2 times per weeks for 4 weeks, future consideration includes epidural steroid injections, provide medication; Tylenol 3, lunesta, flexeril, ketoprofen and request medpanel, imitrex is helpful for migraines. Work status: temporarily partially disabled; limited standing, sitting and walking to 30 minutes with 10 minutes break or position change, Limit lifting, pulling and pushing to 20 pounds. No squatting, bending or stooping. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: chiropractic treatment, two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: Per medical notes dated 08-11-15, patient has not had prior chiropractic treatments. Provider requested initial trial of 2X4 chiropractic treatment which were non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Chiropractic visits are not medically necessary.