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| Case Number: | CM15-0167292 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 08/04/2013 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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:

This 63 year old man sustained an industrial injury on 8-4-2013. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain-strain, lumbar spine sprain-strain, and depression. Treatment has included oral medications. Physician notes dated 8-11-2015 show complaints of low back, neck, chest, head, chin, and left lower extremity pain rated 8 out of 10. Recommendations include physical therapy, chiropractic care, acupuncture, primary care physician consultation for non-industrial issues, and follow up in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of 12 chiropractic sessions 2 times weekly for 6 weeks to 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 medical necessity for the requested 12 chiropractic treatments was not established. The original peer review resulted in a modification of the request to certify 6

treatments. Given the clinical findings on examination and consistent with medical treatment utilization schedule guidelines, a clinical trial of 6 treatments was appropriate. I concur with the previous reviewer's determination. As a result, the medical necessity for 12 treatments was not established. Therefore, I recommend non-certification of the requested 12 chiropractic treatments; the request is not medically necessary.