

Case Number:	CM15-0184325		
Date Assigned:	09/24/2015	Date of Injury:	02/27/2000
Decision Date:	11/02/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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, 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 56 year old male, who sustained an industrial injury on 2-27-00. The documentation on 7-10-15 noted that the injured worker has ongoing headaches and anxiety. The documentation noted that the injured worker has not been a patient at this clinic since 1-31-12 to help with relief of his anxiety and headaches. The documentation noted that treatment results have been great allowing the injured worker to no longer require medication for his headaches and anxiety. The injured workers current treatment on 7-10-15 included manipulation, stretching, traction and massage. The documentation noted that without regular care the injured workers symptoms are severely exacerbated and due to recent insurance changes the injured worker has been struggling to sleep and alleviate his headaches as he has discontinued care. The diagnoses have included migraine without aura. The original utilization review (8-20-15) non-certified the request for manipulation, stretching, traction, electrical stem and massage therapy every two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation, stretching, traction, electrical stem and massage therapy every two weeks:
 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: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and neck/upper/midback) is recommended as an option of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic manipulation with stretching, traction, EMS & Massage therapy every 2 weeks to an unspecified area. The request for treatment (every 2 weeks) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary or appropriate.