

Case Number:	CM15-0189549		
Date Assigned:	10/01/2015	Date of Injury:	04/04/2014
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained an industrial injury on April 04, 2014. A primary treating office visit dated August 17, 2015 reported present subjective complaint of "constant slight to intermittent moderate and occasionally severe cervical spine pain." He reports "numbness and tingling in both hands." He also notes "stiffness, tightness, difficulty sleeping and headaches." He also has complaint of "constant slight to intermittent moderate and occasionally severe lumbar spine pain that radiates to bilateral feet with numbness and tingling." Current medications consisted of: Norco. The following diagnoses were applied to this visit: cervical spine strain and sprain; moderate spondylitic changes at C5-6 with severe loss of disc height and anterior bridging osteophytes, c4 is kyphotic on C5, facet arthrosis from C3-C5, rule out herniated nucleus pulposus; lumbar disc protrusions, mild bilateral facet hypertrophy, mild to moderate neuroforaminal stenosis, and mild to moderate spinal canal stenosis, retrolisthesis, kyphotic lumbar spine, severe spondylitic changes throughout lumbar spine, severe facet hypertrophy. An orthopedic consultation dated April 20, 2015 reported the following diagnoses applied to the visit: lumbar stenosis at L3-4, L4-5 and L5-S1; lumbar degenerative disc disease. The plan of care is with recommendation for additional 12 visits of chiropractic care bringing total visits to 24 with this injury. On August 17, 2015 a request was made for additional chiropractic sessions treating cervical spine that were noncertified by Utilization review on September 01, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times 6 to cervical 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: MTUS recommends manual therapy and manipulation as a treatment option for chronic pain. However, elective/maintenance care is not medically necessary per this guideline. The current requested treatment is maintenance in nature given the nature and duration of past treatment. This patient would be anticipated to have previously transitioned to an independent active home rehabilitation program; the records and treatment guidelines do not support supervised or passive manual therapy/manipulation in the current timeframe. This request is not medically necessary.