

Case Number:	CM15-0193500		
Date Assigned:	10/07/2015	Date of Injury:	02/10/1968
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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 69 year old, male who sustained a work related injury on 2-10-68. A review of the medical records shows he is being treated for neck and low back pain. Treatments have included 22 chiropractic treatments; last treatment on 9-15-15 states in assessment "today's assessment of the patient's current condition shows little progress since the prior treatment." In the chiropractic progress notes dated 9-15-15, the injured worker reports he has pain in the bilateral neck right greater than left. He has pain radiation to right greater than left arm and hand and this remains unchanged from last visit on 7-22-15. He reports low back pain that remains unchanged since last visit. In the objective findings dated 9-15-15, he has moderate discomfort on palpation of cervical region. He has moderate pain and discomfort upon palpation of the lumbar spine, the sacral region. He has muscle tenderness and spasm in lumbar paraspinals, Quadratus lumborum and gluteus medius. He has moderate tenderness and spasm in the suboccipital and anterior neck. No notation of working status. The treatment plan includes a request for continued therapy. In the Utilization Review dated 9-24-15, the requested treatment of 12 chiropractic sessions for cervical and lumbar spine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic sessions for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

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

Decision rationale: The claimant presented with ongoing chronic neck and low back pain. According to the available medical records, the claimant had completed 22 chiropractic treatment visits to date, with the last visit dated 09/15/2015. However, there is no evidences of objective functional improvement documented. The claimant also exceeded the number of visits recommended by MTUS guidelines. Therefore, the request for additional ongoing 12 chiropractic visits is not medically necessary.