

Case Number:	CM15-0207362		
Date Assigned:	10/26/2015	Date of Injury:	12/06/2011
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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:

This injured worker is a 50 year old male, who sustained an industrial injury on 12-06-2011. The injured worker was diagnosed as having discogenic cervical condition, discogenic lumbar condition and chronic pain. On medical records dated 07-14-2015 and 09-17-2015, the subjective complaints were noted as neck pain, headaches and low back pain. Sexual dysfunction secondary to chronic pain was noted as well. Objective findings were noted as having tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the facet and pain with facet loading was noted. Treatments to date included 12 completed sessions of chiropractic therapy, cervical and lumbar injections and medication. No measurable functional improvement was noted on 09-17-2015 from previous chiropractic therapy. The injured worker was noted to be not working. Current medications were not clearly listed 09-17-2015. The Utilization Review (UR) was dated 09-25-2015. A Request for Authorization was dated 09-17-2015. The UR submitted for this medical review indicated that the request for Twelve (12) chiropractic sessions for the neck and low back was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic sessions for the neck and low back: Upheld

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

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) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 12 chiropractic sessions for the neck and low back. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.