MAXIMUS Federal Services

Case Number:	CM15-0208886		
Date Assigned:	10/27/2015	Date of Injury:	08/21/2012
Decision Date:	12/14/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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 53 year old male, who sustained an industrial injury on 8-21-12. Medical records indicate that the injured worker is undergoing treatment for blunt head trauma, post-traumatic concussion syndrome, headaches, cervical spine sprain-strain and lumbosacral spine sprain-strain with radiculopathy. The injured worker has a history of an electrical injury and left-sided rib fractures. The injured worker is currently working with modified duties. On (9-22-15) the injured worker complained of persistent pain in the neck that radiated to both hands, with associated weakness and numbness. The injured worker also noted low back pain which radiated to the bilateral lower extremities. The low back pain was rated 7 out of 10 without medications and 3 out of 10 with medications on the visual analog scale. The pain was better with rest, medications and chiropractic treatments. Examination of the cervical spine revealed tenderness and palpable muscular hypertonicity. Range of motion was decreased. Sensation was decreased (4+-5) in the right cervical seven-cervical eight distributions. A compression test was positive. Examination of the lumbar spine revealed loss of range of motion. A straight leg raise test was positive on the right. Treatment and evaluation to date has included medications, transcutaneous electrical nerve stimulation unit, urine drug screen, electroencephalogram, electromyography-nerve conduction study and chiropractic treatments (12).The injured worker completed 12 chiropractic treatments to the cervical and lumbar spine with increased range of motion and less pain, which allows him to continue to work with restrictions. Current medications include Norco and Motrin. The current treatment request is for additional chiropractic treatments to the cervical spine and lumbar spine. The Utilization Review documentation dated 10-12-15 non-certified the request for additional chiropractic treatments to the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatments (Cervical and Lumbar Spine) # 12: 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: The claimant presented with chronic neck and low back pain. According to the available medical records, the claimant has completed 12 chiropractic visits recently with helped decreased pain level, increased range of motion, and allows him to work. However, current request for additional 12 chiropractic visits exceeded evidences based MTUS guidelines recommendation of 18 visits. Therefore, it is not medically necessary.