

Case Number:	CM15-0209593		
Date Assigned:	10/28/2015	Date of Injury:	02/12/1998
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/24/2015

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 an industrial injury on 02-12-1998. A review of the medical records indicates that the worker is undergoing treatment for lumbar radiculitis, failed back surgery syndrome and sacroilitis. Subjective complaints (07-13-2015) included bouts of mid and low back pain that cause left leg pain as well as neck pain. Objective findings showed thoracic and lumbar range of motion were 80-90% loss due to surgeries with positive shoulder depression and compression tests. The physician noted that the worker was responding favorably to care and that an additional 6 visits of chiropractic care were being recommended. Subjective complaints (09-14-2015) included neck and upper back pain that was rated as 1 out of 10 and the physician noted that the injured worker experienced the most pain relief with chiropractic therapy. Objective findings (09-14-2015) included mild muscle spasms and tight muscles associated with spinal misalignments. Treatment has included Norco and chiropractic therapy since 2014. Documentation shows that 6 chiropractic therapy visits were approved as per 12-22-2014 utilization review and 9 chiropractic therapy notes from 04-17-2015 - 10-07-2015 were included. The exact number of visits received thus far is unclear. There were no specific objective functional improvements documented with therapy. A utilization review dated 10-09-2015 non-certified a request for chiropractic visits once a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits once a week for 6 weeks: 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 low back, neck, and upper back pain. According to the available medical records, the claimant has had ongoing chiropractic treatments for his condition, with most recent treatment dated from 04/17/2015 to 10/07/2015. However, total number of visits is unclear. Although MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, ongoing maintenance care is not recommended. Based on the guidelines cited, the request for additional 6 visits is not medically necessary.