

Case Number:	CM15-0021377		
Date Assigned:	02/10/2015	Date of Injury:	06/13/2014
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/04/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 06/13/2014. On provider visit dated 12/11/2014 the injured worker has reported shoulder and low back. On examination he was noted to have antalgic gait, decreased range of motion in cervical spine area and right shoulder, positive Hawkins test of right shoulder. Tenderness was noted over the following areas: acromioclavicular joint, right sided paravertebral cervical musculature, right trapezius, parascapular, cervical spine C6-7, L3 through L5, paravertebral muscle, and sacroiliac joint. The following tests were also noted as positive: straight leg raise, Lasegues's sign and Spurling sign. The diagnoses have included cervical radiculopathy, lumbar radiculopathy, reactive sleep disturbance and reactive depression and anxiety. Treatment to date has included an unknown number of completed chiropractic treatments and medication. Treatment plan included continued chiropractic treatment with 8 sessions for the cervical spine and 8 sessions for the 8 lumbar spine, acupuncture and psychological consultation. On 01/19/2015 Utilization Review non-certified 8 Chiropractic Visits x8 for the Cervical Region as an Outpatient. The CA MTUS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Visits x8 for the Cervical Region as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back 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 has requested 8 chiropractic visits for the cervical spine. The records do not indicate the amount of previous chiropractic treatment as well as how the patient responded to the previous care using objective functional gains to show improvement. Therefore the request for 8 more chiropractic visits is not medically necessary.