

Case Number:	CM15-0025559		
Date Assigned:	02/18/2015	Date of Injury:	02/06/2014
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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:

This 32-year-old male reported a work-related injury on 02/06/2014. According to the progress notes dated 2/16/15, the injured worker reports left neck and scapula pain. The diagnoses include neck pain, cervical discogenic/facetogenic pain, cervical radiculitis without EMG/NCS evidence of radiculopathy, mild bilateral carpal tunnel syndrome, myalgia and chronic pain syndrome. Previous treatments include medications, physical and chiropractic therapy, home exercise, facet joint injections, epidural steroid injections and carpal tunnel surgery. The treating provider requests eight (8) chiropractic manipulation/therapy sessions to the neck and low back. The Utilization Review on 01/30/2015 modified the request for eight (8) chiropractic manipulation/therapy sessions to the neck and low back to allow six (6) sessions, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation/Therapy to Neck, Low Back (sessions) QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with ongoing neck and low back pain despite previous treatments with medications, physical therapy, injections, home exercises program, and chiropractic. Progress report dated 01/20/2015 by the treating doctor noted the claimant has been getting chiropractic treatment on his own. There is no previous chiropractic treatment records available, total number of visits and treatment outcomes are not known. Therefore, the request for additional 8 chiropractic treatments is not medically necessary and appropriate.