

Case Number:	CM15-0027834		
Date Assigned:	02/20/2015	Date of Injury:	08/06/2005
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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 54 year old man sustained an industrial injury on 8/6/2005 after a sudden stop while driving a forklift and hitting a rail. The worker subsequently developed neck and back pain with headaches. Current diagnoses include cervical and lumbar spine pain and cervicogenic headaches. Treatment has included oral medication, chiropractic, massage, exercises, and physical therapy. Physician notes dated 12/26/2014 show continued cervical and lumbar spine pain rated 6-8/10. The worker also complains of headaches. The worker denies any new injuries. Recommendations include surgical consultation, MRI of the cervical and lumbar spine, six sessions of chiropractic/physical therapy, ice, and medication refills including Oxycontin, Naproxen, and Omeprazole. On 1/20/2015, Utilization Review evaluated a prescription for six chiropractic sessions for the lumbar spine, which was submitted on 1/27/2015. The UR physician noted that there are clearly identified bony degeneration changes to the cervical spine. This intervention is supported in the acute phase of healing and is not supported ten years later without documentation of further injury and with documentation of permanent and stationary status. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Treatment, 6 sessions for the Lumbar spine as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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 effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. page 58-59 Page(s): 58-59.

Decision rationale: The claimant had reached permanent and stationary status in 2007 according to AME report dated 06/20/2007. He experienced flare-up periodically that require treatment in 2008, 2009, 2010, and 2011. Progress report dated 12/26/2014 note the claimant presented with increased pain in his chronic neck and lumbar spine pain and the request is for 6 sessions of chiropractic treatments. Based on the guidelines cited, the request for 6 visits exceeded the guidelines recommendation for flare-up. Therefore, it is not medically necessary.