

Case Number:	CM15-0028168		
Date Assigned:	02/20/2015	Date of Injury:	09/08/2012
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
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:

The injured worker is a 43 year old male who sustained an industrial related injury on 9/8/12. The injured worker had complaints of pain in the head, neck, back, and left knee. Diagnoses included status post assault with multiple head traumas, post-concussion syndrome, post-traumatic stress disorder, anxiety, and depression. Treatment included sessions with a psychiatrist, chiropractic treatment, and acupuncture. The medical records note the injured worker had failed to find adequate relief with chiropractic therapy. The treating physician requested authorization for chiropractic treatment 1x6. On 2/4/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was limited information regarding the number of chiropractic session completed, the last date of service, and response to conservative care performed. There was also limited evidence of a significant change in exam findings or exacerbation event to warrant the request. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 1 time a week for 6 weeks: Upheld

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

Decision rationale: The claimant presented with chronic pain in the head, neck, back, and left knee. Reviewed of the available medical records showed previous treatments include medication, psychiatric treatments, acupuncture, and chiropractic. However, the total number of chiropractic treatments is unknown and there is no evidence of objective functional improvement with previous chiropractic treatment. Based on the guidelines cited, the request for 6 chiropractic treatments is not medically necessary and appropriate.