

Case Number:	CM15-0028291		
Date Assigned:	02/20/2015	Date of Injury:	12/13/2004
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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, Oriental Medicine

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 52 year old male with an industrial injury dated December 13, 2004. The injured worker diagnoses include cervical brachial syndrome, lumbar spine sprain/strain and chronic pain syndrome. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, and periodic follow up visits. According to the progress note dated 1/29/2015, the treating physician noted worsening spasms in the paraspinal muscles of the cervical spine with tenderness in the bilateral occipital region. The treating physician also noted limited range of neck motion with stiffness and low back pain with decreased range of motion in all planes due to pain. There was numbness noted in the lateral aspect of both lower extremities. The treating physician prescribed services for outpatient chiropractic treatment to neck and low back for 8 sessions. Utilization Review determination on February 3, 2015 modified the request to outpatient chiropractic treatment to neck and low back for 6 sessions, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatment to neck and low back for 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s).

Decision rationale: The patient medical history of Chiropractic care began shortly after the medical referral for care on 6/13/11. The patients medical records report successful management of exacerbation's with Chiropractic care with documentation of functional gains upon completion of each certified course of care. The 1/27/15 request for additional Chiropractic care, 8 sessions lead to a UR determination dated 2/3/15. The medical records reviewed found clinical evidence of medical necessity to again certify Chiropractic care but the request exceeded CAMTUS Chronic Treatment Guidelines that support 6 sessions of care versus 8 requested. The UR determination to certify 6 of 8 sessions was an appropriate determination supported by the reviewed medical records that found the evidence of medical necessity for additional care and the CAMTUS Chronic Treatment Guidelines supporting 6 sessions of care.