

Case Number:	CM15-0035072		
Date Assigned:	03/03/2015	Date of Injury:	11/23/2013
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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 47 year old male, who sustained an industrial injury on November 23, 2013. He has reported neck pain, low back pain and right upper extremity pain. The diagnoses have included acute cervical strain, lumbar 4-5 and lumbar 5-sacral 1 disc bulge and right lateral epicondylitis. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of neck pain, right upper extremity pain and low back pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively with some improvement in the pain. He reported chiropractic care improved the pain. He reported using Advil and Norco for pain control. Evaluation on October 2, 2014, revealed continued pain. Medications were continued. It was noted he continued to experience pain and additional chiropractic sessions were requested. On February 2, 2015, Utilization Review non-certified a request for Chiropractor 2 times a week for 6 weeks for the cervical and lumbar spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested Chiropractor 2 times a week for 6 weeks for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The claimant presented with persistent neck and back pain despite previous treatments with medications and chiropractic. He has had 36 chiropractic treatments in 2014 with only short term improvement in pain level. Progress report dated 10/02/2014 by the treating doctor noted persistent neck and back pain with decreased ROM, no change in medications. The claimant has exceeded the total number of chiropractic visits recommended by MTUS guidelines with no evidences of objective functional improvement. Based on the guidelines cited, the request for additional 12 chiropractic visits is not medically necessary.