

Case Number:	CM15-0036854		
Date Assigned:	03/05/2015	Date of Injury:	06/30/2010
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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 55 year old male, who sustained an industrial injury on 6/30/2010. The diagnoses have included cervical spine strain, lumbar radiculitis/neuritis, and lumbar degenerative disc disease with spinal stenosis. Treatment to date has included physical therapy and medication. According to the initial orthopedic consultation dated 2/9/2015, the injured worker complained of back pain, some pain in the neck region, difficulty with the left knee and stiffness in the left knee. He also complained of some numbness and tingling in the knee region. The injured worker complained of back pain that radiated down he low back to the right leg region. Current medications included Tramadol, Norco and Celebrex. Physical exam revealed mild cervical and lumbar paraspinal muscle tenderness. There was limited motion of the left knee and swelling. Authorization was requested for six sessions of chiropractic treatment. On 2/19/2015 Utilization Review (UR) non-certified a request for chiropractic treatment two times a week for three weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x3: Overturned

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

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

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 6 treatments are consistent with this guideline. The claimant underwent an agreed medical evaluation in October 2014 in which it was noted that the claimant should be afforded chiropractic treatment on an as needed basis. The claimant then presented to the office of Dr. Fenison, orthopedist and February 2015, 4 months post AME, for a post-permanent and stationary evaluation. The recommendation was for chiropractic treatment. Given the clinical findings on this examination, a course of chiropractic treatment can be considered appropriate. It appears that it is been some time since the claimant had received any chiropractic treatment. The submitted documentation indicates that the claimant has responded favorably to periodic chiropractic treatments in the past. Therefore, given the presenting complaints, and consistent with MTUS guidelines, the medical necessity for the requested 6 chiropractic treatments was established. Therefore, the request for Chiropractic 2x3 is medically necessary.