

Case Number:	CM15-0055086		
Date Assigned:	03/30/2015	Date of Injury:	02/08/2007
Decision Date:	07/30/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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 53 year old male sustained an industrial injury on 2/8/07. He subsequently reported back, neck and wrist pain. Diagnoses include lumbar facet syndrome. Treatments to date include MRI and x-ray testing, back surgery, chiropractic care, acupuncture and prescription pain medications. The injured worker continues to experience neck, mid back and low back pain. Upon examination, tenderness to palpation was noted over the parathoracic, paracervical and paralumbar muscles bilaterally. Range of motion along all areas of the spine was reduced. Kemp's and straight leg raise tests were positive bilaterally. Slow and guarded movement was noted. A request for chiropractic therapy-12 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy - 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the 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." The claimant presented with persistent chronic neck and back pain despite previous treatments with medications, injections, physical therapy, chiropractic, surgeries, and home exercises. Although it is unclear how many chiropractic visits the claimant had completed previously, it is documented that conservative treatments including chiropractic has failed to improve his symptoms and the claimant required further invasive procedures. Therefore, based on the guidelines cited, the request for additional chiropractic treatments are not medically necessary.