

Case Number:	CM15-0056072		
Date Assigned:	04/01/2015	Date of Injury:	05/21/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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, Minnesota
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(n) 62 year old male, who sustained an industrial injury on 5/21/13. He reported pain in the neck and lower back due to a physical assault. The injured worker was diagnosed as having lumbago and cervicgia. Treatment to date has included physical therapy, chiropractic treatments, a lumbar and cervical MRI, TENs unit and pain medications. As of the PR2 dated 1/12/15, the injured worker reports continued pain in the neck and lower back. The treating physician noted tenderness to palpation over the bilateral lumbar paraspinal muscles. The treating physician requested spinal manipulative therapy and physical therapy 2 x weekly x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulative therapy & physical 2 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested spinal manipulative therapy & physical therapy 2x per week for 6 weeks or 12 visits. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.