

Case Number:	CM15-0058603		
Date Assigned:	04/20/2015	Date of Injury:	12/06/2013
Decision Date:	06/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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 31 year old male who sustained an industrial injury on 12/6/13. The injured worker reported symptoms in the neck, back and bilateral upper and lower extremities. The injured worker was diagnosed as having cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain, and lumbosacral spine musculoligamentous strain/sprain with radiculitis and lumbosacral spine disc protrusions. Treatments to date have included physical therapy, Electromyography/Nerve Conduction Velocity, non-steroidal anti-inflammatory drugs, muscle relaxant, home exercise program, ice/heat application, and activity modifications. Currently, the injured worker complains of pain in the neck, back and bilateral upper and lower extremities. The plan of care was for chiropractic treatments, pain management consultation and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Chiropractic Therapy for Evaluation and Treatment of the Lumbar Spine 2 x 6:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The patient reported symptoms in the neck, back, and bilateral upper and lower extremities. According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The patient completed 15 sessions of chiropractic therapy. The patient stated that chiropractic therapy decreased pain, tenderness and improves activities of daily living and function. However, there was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 12 chiropractic sessions to the lumbar spine is not medically necessary at this time.