

Case Number:	CM15-0059323		
Date Assigned:	05/08/2015	Date of Injury:	11/22/2014
Decision Date:	06/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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 34 year old male, who sustained an industrial injury on 11/22/2014. He has reported subsequent back pain, left elbow pain and headaches and was diagnosed with headaches, thoracic and lumbar spine sprain/strain and left tennis elbow. Treatment to date has included oral pain medication, lumbar support, heating pad, TENS unit and physical therapy. In a progress note dated 01/22/2015, the injured worker complained of anxiety, chest pain and cardiac palpitations. Objective findings were unremarkable. A request for authorization of 6 sessions of chiropractic treatment to the thoracic and lumbar spine over 3 weeks was submitted. There was no medical documentation submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the thoracic and lumbar spine (6 sessions, 2x/wk for 3 weeks):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and 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 Chiropractic treatment to the Thoracic and lumbar spine of 6 sessions over 3 weeks or 2 times per week for 3 weeks. The amount of previous chiropractic care and how the patient responded to that care is not documented using objective functional improvement. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.