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| Case Number: | CM15-0082224 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 06/05/1966 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/29/2015 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an 80 year old male who sustained an industrial injury on June 5, 1966. Previous treatment includes medications and imaging of the cervical spine. Currently the injured worker complains of chronic neck, upper and lower back pain and stiffness. Diagnoses associated with the request include lumbar sprain/strain, subluxation of cervical, thoracic and lumbar vertebrae. The treatment plan includes chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1-2 times a week or 4 weeks Chiropractic Treatments and Re-Exam 08/19/14, 08/30/14, 12/14/14, 12/16/14, 12/30/14, 12/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 56.

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

Decision rationale: The patient has chronic neck, upper and lower back pain, stiffness, left hip pain and leg pain and both knees are painful. The current request is retrospective 1-2 x per week for 4 weeks chiropractic treatment and re-exam. The MTUS does recommend manipulative therapy for flare-ups, if return to work achieved, then 1-2 visits every 4-6 months. In this case, the patient presented for a flare-up on 8/12/14. He was treated on 8/12/14, 8/19/14 and 8/30/14. The 8/12/14 and 8/19/14 visits are supported by MTUS guidelines. The patient was seen again for another flare-up on 12/14/14 and was treated additionally on 12/18/14, 12/30/14 and 12/31/14. The 12/14/14 and 12/18/14 visits are supported by the guidelines. The medical records provided do not document the extent of improvement e.g. decrease in pain and/or increase in function. Medical necessity has not been established through the guidelines. The request is not medically necessary and recommendation is for denial.