

Case Number:	CM15-0086364		
Date Assigned:	05/11/2015	Date of Injury:	10/26/2013
Decision Date:	06/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 24 year old male, who sustained an industrial injury on 10/26/2013. He reported that while walking with a ladder vertically, the outdoor sprinklers turned on wetting the grass causing him to slip with the ladder falling onto his head leading to a loss of consciousness. Upon awakening the injured worker had symptoms of feeling dazed, dizziness, disorientation, weakness, nervousness, nausea, headaches, and pain to the neck, upper back, lower back, and shoulders. The injured worker was diagnosed as having lumbar myospasm, lumbar radiculopathy, and lumbar myalgia. Treatment to date has included medication regimen, physical therapy, laboratory studies, and neurology evaluation and treatment. In a progress note dated 03/18/2015 the treating physician reports complaints of pain to the back with twisting, along with grinding, tingling, and a decreased range of motion to the right outer thoracic and lumbar spine. The injured worker also notes headaches that are rated a 3 out of 10 and low back pain that is rated a 6 out of 10, along with weakness to the back. The treating physician requested chiropractic therapy three times four to the lumbar spine indicating that the injured worker has not had treatment to the lumbar spine for greater than a year. The medical records provided lacked documentation of prior chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 3 Times A Week for 4 Weeks/ 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient has prior treatment with physical therapy with improvement of symptoms. The requested additional 12 visits would bring the total to 24 visits. The number of visits surpasses the maximum recommended number for treatment. The request should not be authorized and is not medically necessary.