

Case Number:	CM15-0088477		
Date Assigned:	05/12/2015	Date of Injury:	06/03/2011
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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

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 54 year old, male who sustained a work related injury on 8/3/11. The diagnoses have included cervical sprain/strain, cervical disc syndrome, cervical radiculopathy, lumbar sprain/strain, lumbar disc degeneration with myelopathy, and lumbar radiculopathy. The treatments have included oral medications and topical medication cream. In the PR-2 dated 2/19/15, the injured worker complains of achy cervical neck pain. He rates this pain level at an 8/10. He complains of achy, throbbing lumbar back pain. He rates this pain level at an 8/10 and is relieved by medication. He has decreased range of motion in cervical spine and lumbar spine. Straight leg raises cause pain in both legs. The treatment plan is a request for 12 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 2 times per wk for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 114, 173, 298-299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Low back: Recommended as an option. Therapeutic care. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care. Not medically necessary. Recurrences/flare-up. Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck and back pain, date of injury is 08/03/2011. Previous treatments records for the neck and back are not available for review. There is no prior treatments and outcomes assessment documented. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without evidences of functional improvement in the trial visits, the request for 12 visits is not medically necessary.