

Case Number:	CM14-0119644		
Date Assigned:	08/06/2014	Date of Injury:	03/28/2013
Decision Date:	10/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 44 year old male patient with chronic neck and back pain, date of injury is 03/28/2013. Previous treatments include acupuncture, chiropractic and physiotherapy. There is no report pertaining this request for 6 chiropractic treatment to the cervical, thoraci and lumbar spine with ultrasound. The most recent progress report dated 12/23/2013 by the treating doctor revealed patient with improvement in his low back and mid back, pain levels decreased from 8/10 to 4/10, periodic headaches and neck pain. Objective findings include limited and painful cervical ROM, palpable tenderness of the cervicothoracic paraspinal muscles, levator scapulae, scalenes, positive Spurling's test, positive Foraminal Compression test, limited and painful lumbar ROM, positive Milgram's test, positive Kemps test and bilateral hypertonic. Diagnoses include cervical sprain, thoraco-lumbar sprain and lumbar spasm. Treatment plan include acupuncture and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 X week for 3 weeks to the cervical, thoracic, and lumbar spine with ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): Pages 58-60.

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

Decision rationale: There are no medical records pertaining to this request, there is no document of recent flare up, no document of functional deficits, no subjective and objective finding information. The request for 6 chiropractic treatments to the cervical, thoracic and lumbar spine also include ultrasound treatment. Therapeutic Ultrasound is not recommended by MTUS guidelines. Therefore, the request for chiropractic 2 x weeks for 3 weeks to the cervical, thoracic, and lumbar spine with ultrasound is not medically necessary and appropriate.