

Case Number:	CM14-0146965		
Date Assigned:	09/18/2014	Date of Injury:	06/06/2014
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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:

The patient is a 59 year old male who injured his wrists, elbows, neck, upper back and lower back on 06/06/2014 while performing his duties as a machine operator. The focus of this case is chiropractic care for the cervical and lumbar spine. Per the Primary Treating Physician's progress report the patient "currently feels still tenderness on the neck 7/10 and feels stiff." The patient has been treated with medications and an initial trial run of 6 sessions of chiropractic care (unclear if completed). The diagnosis assigned by the primary treating physician is cervical sprain/strain. Diagnostic imaging studies are not available in the records for review. Per the records reviewed, MRI studies have not been ordered. The patient remains on modified duty with work restrictions. The PTP is requesting 12 initial chiropractic sessions to the cervical and lumbar spine. The UR department has modified the request and authorized 6 sessions of chiropractic care to the neck and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x 12 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Section

Decision rationale: The patient has been approved by UR for 6 sessions instead of the 12 sessions requested. It is unclear at this time if any of the sessions have been completed. The chiropractic treatment notes do not exist in the records provided for review. The MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and MTUS ODG Chiropractic Guidelines Neck and Low Back Chapters recommend a trial of 6 visits over 2 weeks. 6 sessions per the MTUS have been authorized already. The UR feels that the patient must complete these 6 sessions first before additional sessions can be authorized. A peer to peer call was made and the treating physician's representative agreed to this arrangement per the records. I find that a trial of 12 chiropractic sessions to the neck and low back to not be medically necessary.