

Case Number:	CM14-0165944		
Date Assigned:	10/13/2014	Date of Injury:	05/10/2013
Decision Date:	11/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 licensed 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 52 year old male with chronic neck and low back pain, date of injury is 06/14/2013. Previous treatments include physical therapy, medications, injections, back support, chiropractic, TENS unit, and home exercises. Progress report dated 08/29/2014 by the treating doctor revealed patient with chief complaints of low back pain and neck pain. Neck pain being more significant than back pain, pain is the same, dull, sharp, throbbing, tingling and numbness in his neck and back, 3-4/10, pain is constant, intermittent, brought on with prolonged lifting, bending, driving long distances, better with rest, changing position and walking. Cervical spine exam revealed tenderness to palpation and muscle spasms over the trapezius musculatures and over the cervical, ROM decreased in extension. Lumbar spine examination noted full ROM, no palpable tenderness, positive lumbar facet stress test. The rest of the exam is unremarkable. Impression include degenerative disc disease at C5-6, degenerative disc disease of L5-S1 with right leg sciatica, carpal tunnel syndrome bilaterally, left greater than right. The claimant is on full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic twice a week for three weeks, cervical spine and lumbar spine: Upheld

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

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

Decision rationale: The claimant presents with ongoing neck and low back pain despite previous treatments with medications, injection, chiropractic, physical therapy, TENS and home exercises. The claimant has completed 10 chiropractic visits recently with no evidences of objective functional improvement. The progress report dated 08/29/2014 revealed patient with no change in subjective and objective findings comparing to progress report dated 07/18/2014 before the claimant started chiropractic treatments. Based on the guidelines cited, due to the lack of functional improvement, an additional 6 chiropractic visits requested is not medically necessary.