

Case Number:	CM14-0212999		
Date Assigned:	12/30/2014	Date of Injury:	06/19/2014
Decision Date:	02/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Oriental 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:

Claimant is a 30 year old male who sustained a work related injury on 6/19/2014. The claimant had six visits of chiropractic approved on 10/2/2014. Per a Pr-2 dated 11/26/2014, the claimant has neck and back pain and headaches. His symptoms are worse on the right side of the low back. There is radiation intermittently down the anterior thigh and posterior calf of the right lower extremity. The patient also has radiation of the cervical symptom down the right shoulder and to the posterior aspect of his upper arm into the proximal area of his right forearm. He has received chiropractic treatments that have helped mildly. There was a decreased range of motion in the cervical spine, positive Spurlings, decreased sensation on the right lower and right upper extremity. His diagnoses are cervical pain, cervical sprain, cervical radiculitis, cervical herniated disc, lumbar herniated disc, lumbar radiculitis, lumbar facet arthropathy, cervical facet arthropathy, lumbar pain, lumbar sprain, muscle spasm, thoracic pain, thoracic sprain, headaches, and impaired sensation. Other prior treatment includes trigger point injections, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 to the cervical/lumbar spine and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. The claimant has had a trial of chiropractic with no significant functional improvement. Therefore further visits are not medically necessary.