

Case Number:	CM14-0214127		
Date Assigned:	01/07/2015	Date of Injury:	10/15/2014
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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

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 26 year old male with neck and back pain, date of injury is 10/15/2014. Initial evaluation report dated 10/29/2014 by the treating doctor revealed patient complained of intermittent severe lumbar spine pain that aggravated by bending forward at the waist, intermittent slight sharp cervical spine pain that aggravated with twisting and turning, intermittent moderate bilateral shoulders pain, frequent moderate thoracic spine pain that aggravated by bending. Examination of the cervical spine revealed +3 spasm and tenderness to the bilateral paraspinal muscles from C2-7, bilateral suboccipital muscles and bilateral upper shoulder muscles, decreased cervical flexion, right bending, and painful rotations. Thoracic spine exam revealed +3 tenderness to the bilateral paraspinal muscles from T1-9. Lumbar spine exam revealed trigger point to the bilateral lumbar paraspinal muscles from L2-S1 and multifidus, lumbar ROM decreased and painful in all ranges, positive Kemp's test, straight leg raise, Yeoman's and Braggards, Achilles reflex decreased on both sides. Diagnoses include cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy, bursitis and tendinitis of the shoulder, bursitis of the knee, sleep disorder, gastritis, and acquired hearing problem. The patient was released to work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation therapy times twelve (12) to the cervical, thoracic and lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The claimant presented with pain in the neck and back from injury dated 10/15/2014. While MTUS guidelines might recommend a trial of 6 chiropractic treatment over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks; the request for 12 visits exceeded the guidelines recommendation. Without evidences of objective functional improvement with initial trial visits, the request for 12 visits of Chiropractic manipulation is not medically necessary.