

Case Number:	CM14-0215388		
Date Assigned:	01/05/2015	Date of Injury:	09/25/2013
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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: Ohio

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:

The claimant is a 57 year old male was injured on 9/25/13 due to a rear end MVA. Progress note dated 12/10/14 notes a chief complaint of constant aching pain in this cervical, lumbar, and thoracic spine. Pain radiates to both buttocks but is predominately on the left. Symptoms worsen with movement and sitting and are alleviated by standing, rest, medication, and heat. Tenderness is noted with palpation of the cervical and left lumbar paraspinal musculature. Pain is rated an 8-9 out of 10. The patient has had x-rays and a MRI. MRI findings note 2-3 mm disc bulge without central canal narrowing and mild right neural foraminal narrowing. UR decision dated 12/18/14 modified the request for 12 visits of chiropractic therapy to 6 visits 3 times a week for 2 weeks noting MTUS guidelines and need for adequate trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation recommended for chronic pain if caused by musculoskeletal conditio.

Decision rationale: MTUS guidelines recommend a trial of 6 visits over 2 weeks to establish evidence of object functional improvement. The request for 12 visits exceeds the MTUS guidelines recommendations for an adequate trial of 6 and therefore the treatment request is not medically necessary.