

Case Number:	CM14-0216662		
Date Assigned:	01/06/2015	Date of Injury:	03/28/2013
Decision Date:	03/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/26/2014

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:

This 47 year old male sustained work related industrial injuries on March 28, 2013. The mechanism of injury involved a rear end collision. The injured worker subsequently complained of lumbar spine, neck and thoracic pain. Documentation noted that the injured worker was involved in a second rear end collision while working on May 13, 2013 with exacerbation to his back problems. The injured worker was diagnosed and treated for cervical sprain, thoracic lumbar sprain and lumbar spasm. Treatment consisted of diagnostic studies, 18 prior chiropractic treatments to spring of 2014, acupuncture treatments and periodic follow up visits. Per treating provider report dated October 22, 2014, objective findings revealed limited and painful cervical spine and lumbar spine range of motion. Spurling's test, Foraminal compression test, Milgram's test and Kemp's test were all positive. According to treating provider report dated November 6, 2014, the injured worker reported that his neck was fine and that he continued to have difficulty mainly with his lower back with no radiation into the lower extremities. He rated his pain as a 2-4/10 and that he was not taking any medications. Physical exam of the lumbar spine revealed loss of mobility on extension and left lateral bending. Per acupuncture note dated November 14, 2014, the injured worker reported that the acupuncture helps the pain and flexibility but work makes it worse. As of November 6, 2014, the injured worker's work status is permanent and stationary. The treating physician prescribed services for chiropractic care for the lumbar, thoracic spine and neck, 1 time a week for 6 weeks now under review. On December 11, 2014, the Utilization Review (UR) evaluated the prescription for chiropractic care for the lumbar, thoracic spine and neck, 1 time a week for 6 weeks requested on December 8, 2014. Upon

review of the clinical information, UR non-certified the request for chiropractic care for the lumbar, thoracic spine and neck, 1 time a week for 6 weeks , noting the lack of documented functional improvement to support additional chiropractic treatment, and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the lumbar, thoracic spine and neck, 1 time a week for 6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: The California Chronic Pain Treatment Guideline recommends manipulation for pain. It recommends a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. There was no documentation of functional improvement from prior chiropractic care. In addition, the provider's request for 6 additional visits exceeds the guidelines recommendation of a total of 18 visits. Therefore, additional chiropractic sessions are not medically necessary at this time.