

Case Number:	CM14-0218991		
Date Assigned:	01/09/2015	Date of Injury:	08/06/2005
Decision Date:	03/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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 is a male patient with an injury date of 08/06/2005 and CT 08/2006. The mechanism of injury from the 08/06/2005 injury is described as while driving a forklift he struck a rail causing the lift to stop suddenly leaving the patient with resulting neck and back pain. A primary office visit dated 06/24/2014 revealed subjective complaints of cervical spine and lumbar spine discomfort and uses application of ice. He specifically reported neck pain with radiation to the scapular upper arm area; low back pain, increased by prolong sitting, bending repetitively, strenuous lifting, pushing or pulling, intermittent radiation to the lower extremities; and headaches mostly in the occipital area that radiate to the vertex. An MRI performed 12/26/2006 showed moderate central spinal stenosis and bilateral neural foraminal narrowing at C3-4 and C4-5. It also found narrowing of the neural foramina bilaterally at C6-7 and slight narrowing of the left neural foramina at C2-3; marked degenerative changes noted. Physical examination found cervical spine inspection with negative findings that showed slight to moderate muscle spasm or tightness. Spurling's sign noted with positive findings bilaterally. He was diagnosed with cervical spine pain with MRI findings of moderate cervical spinal stenosis and persistent pain/cervical spine dysfunction; lumbar spine pain with strain and abnormal MRI, disc protrusion at L4-5 and lastly cervicogenic headaches. A request for services dated 11/26/2014 asking for 6 outpatient chiropractic sessions treating the lumbar spine. The Utilization Review denied the request on 12/08/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 6 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

Decision rationale: It is unclear if the patient has had prior chiropractic treatments. Provider requested 6 chiropractic sessions for lumbar spine on medical notes dated June 25, 2014; August 15, 2014; October 3, 2014; November 17, 2014. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.