

Case Number:	CM14-0057503		
Date Assigned:	07/16/2014	Date of Injury:	01/31/2013
Decision Date:	03/17/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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:

The injured worker is a 33 year old male who sustained an industrial injury reported on 1/31/2013. She has reported low, mid-back and cervical pain. The diagnoses have included multiple levels of disc degeneration; thoracic pain; and cervical and lumbar disc disease. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; chiropractic sessions; and medication management. The work status classification for this injured worker (IW) is noted to be back to work with restrictions. On 4/4/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 2/5/2014, for chiropractic sessions, 12 sessions, for the cervical, thoracic and lumbar spine. The Medical Treatment Utilization Schedule, manual therapy and manipulation, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro x 12 visits cervical, thoracic, lumbar spine: 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 is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with persistent neck, mid-back, and low back pain despite previous treatments with medications, physical therapy, and chiropractic. Progress report dated 02/05/2014 by the treating doctor did not report any functional deficit and physical exam findings. Reviewed of the available medical records showed the claimant has had 13 chiropractic visits, however, there is no evidences of objective functional improvement. Based on the guidelines cited, the request for additional 12 chiropractic visits are not medically necessary due to lack of functional improvement with previous chiropractic treatments and the requested visits exceeded the guidelines recommendation.