

Case Number:	CM15-0100130		
Date Assigned:	06/05/2015	Date of Injury:	10/01/2014
Decision Date:	08/31/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 10-1-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine radiculitis, rule out cervical spine disc injury and cervical spine myofascitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4-14-2015, the injured worker complains of low back pain radiating to the back of the legs, rated 8 out of 10 and neck and shoulder pain rated 8 out of 10. Physical examination showed normal gait, symmetrical deep tendon reflexes and cervical and lumbar paravertebral tenderness. The treating physician is requesting 8 sessions of chiropractic care for the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and 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 MTUS guidelines recommend manipulation for chronic pain if caused by musculoskeletal disorder. The patient complained of low back pain with radiation to the back of the legs. For the low back, the guidelines recommends a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of 18 visits over 6-8 weeks. Based on the submitted documents, it is best to evaluate the provider's request as an initial trial. The provider's request for 8 chiropractic session exceeds the guidelines for an initial trial and therefore the provider's request is not medically necessary. Records indicate the provider's request was modified to 3 chiropractic sessions. There was no objective documentation of functional improvement from the 3 authorized sessions and therefore 8 sessions is not medically necessary.