

Case Number:	CM15-0015797		
Date Assigned:	02/03/2015	Date of Injury:	01/01/2009
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/27/2015

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, Minnesota
 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 47 year old male who sustained a work related injury January 1, 2009, involving his cervical spine, left shoulder, trapezius and upper arm. He received conservative medical management and physical therapy. According to a treating physician's report dated November 25, 2014, the injured worker presented for a transfer of care and continued rehabilitation and pain management. On examination, there is full range of motion of the cervical spine, tenderness to palpation over the left C5-7 paraspinals, and tenderness over the left levator scapulae and trapezius; negative Spurling's. Tenderness is present over the left supraspinatus, rhomboid and triceps and positive Tinel's at the left elbow reproducing numbness in the left 5th digit. Diagnoses are cervical degenerative disc disease; cervicobrachial syndrome; supraspinatus tear; trapezius sprain. Treatment included medications, request for chiropractic and physical therapy and heat and ice as needed. Work status is documented as full duty. According to utilization review dated December 11, 2014, the request for additional outpatient chiropractic therapy twelve (12) sessions is non-certified, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient, additional chiropractic therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor is requesting an additional chiropractic therapy of 12 sessions over an unspecified period of time. Also the doctor has not documented evidence of objective functional improvement for the unknown amount of previous treatment. Therefore the requested treatment is not medically necessary.