

Case Number:	CM15-0015841		
Date Assigned:	02/03/2015	Date of Injury:	05/31/2014
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
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 55 year old male who sustained an industrial injury to his neck and back while employed as a deputy sheriff on May 31, 2014. The injured worker was diagnosed with lumbar, cervical and thoracic sprain/strain. According to the primary treating physician's progress report on December 16, 2014 the injured worker's neck and back is improving with some decrease in right hip range of motion. Current medications were not noted. Treatment modalities consist of conservative measures and chiropractic therapy modalities times 12 sessions. The treating physician requested authorization for chiropractic therapy times 6 sessions. On December 31, 2014 the Utilization Review denied certification for chiropractic therapy times 6 sessions. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6: 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 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 6 chiropractic visits over an unknown period of time with no documentation of objective functional improvement. This request is not according to the above guidelines, especially with no documentation of objective functional improvement and the amount of previous care, therefore the requested care is not medically necessary.