

Case Number:	CM15-0015892		
Date Assigned:	02/03/2015	Date of Injury:	09/01/2009
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported injury on 09/01/2009. The mechanism of injury was not provided. Prior therapies included chiropractic care, epidural steroid injection, medications, and activity modifications. The documentation of 11/25/2014 revealed the injured worker had improvement with pain and range of motion of the cervical spine following 12 sessions of chiropractic therapy. The injured worker had experienced a flare up of low back pain radiating to the lower extremities. The injured worker's medications included Flexeril 7.5 mg twice daily to 3 times a day for muscle spasms and Norco 5 mg 1 tablet 2 to 3 times daily as needed for pain. The injured worker had no side effects. On physical examination, the injured worker had spasm and tenderness in the paravertebral musculature of the lumbar spine with decreased range of motion on flexion and extension. The injured worker had increased range of motion with flexion and extension of the cervical spine as compared to a prior examination. Tenderness was noted over the right sacroiliac joint. The diagnoses included cervical radiculopathy, improved. The treatment plan included 6 additional sessions of chiropractic therapy for the cervical spine, lumbar spine, and right hip to reduce pain. The documentation further indicated the prior chiropractic therapy addressed the cervical spine and the physician opined it should also address the low back and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x3 cervical: 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 Page(s): 58, 59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had prior therapy. However, there was a lack of documentation of objective improvement including improvement in function, a decrease in pain, and documentation of an improvement in quality of life. Given the above, the request for chiropractic treatment 2x3 cervical is not medically necessary.