

Case Number:	CM15-0016524		
Date Assigned:	02/04/2015	Date of Injury:	07/03/2014
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: Chiropractic

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 26 year old male, who sustained an industrial injury on 7/03/2014, after a motor vehicle accident. The diagnoses have included lumbar and cervical myospasm. Treatment to date has included conservative measures to include physical therapy and medications. A magnetic resonance imaging report of the lumbar and cervical spine, dated 11/24/2014, was normal. A computerized tomography scan of the sternum, dated 11/24/2014, was normal. Currently, the injured worker complains of neck and low back pain. Objective findings were documented as unchanged, as were noted on the previous visit. Chiropractic care was requested (3x4) lumbar, thoracic. On 12/29/2014, Utilization Review non-certified a request for an initial trial of chiropractic care (3x4) cervical, lumbar, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Chiropractic Care to the Neck and Low Back over 4 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters

Decision rationale: The patient has not received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends an initial trial of manipulative care for the neck and low back 6 sessions over 2 weeks. The ODG Neck & Upper Back and Low back Chapters for also recommend an initial trial of manipulative therapy 6 sessions over 2 weeks. The PTP is requesting 12 sessions of chiropractic care. This request exceeds The MTUS recommended number. Per The MTUS 6 sessions is appropriate at this time. However, 12 sessions have been requested. I find that the 12 initial chiropractic sessions requested to the cervical spine and lumbar spine to not be medically necessary and appropriate.