

Case Number:	CM15-0116812		
Date Assigned:	06/25/2015	Date of Injury:	09/05/2008
Decision Date:	08/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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

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 60 year old male who sustained an industrial injury on 9/5/08. Treatment includes: medication, physical therapy, acupuncture, chiropractic care, home exercise program and injections. Progress report dated 5/18/15 reports continued complaints of neck, low back, upper and lower extremity pain. The neck pain radiates down bilateral upper extremities is aggravated by activity and walking. Low back pain radiates down bilateral lower extremities. Upper extremity pain is in both arms, shoulders and hands. He has pain in both legs. The pain is aggravated by activity and walking and has worsened since the last visit and is rated 5/10 with medications and 8/10 without medications. Recent transforaminal epidural steroid injection gave good overall improvement by 50-80%. Acupuncture, medication and physical therapy are helpful and provide 60% improvement. He uses a cane to ambulate. Diagnoses include: cervical facet arthropathy, cervical radiculopathy, chronic pain, lumbar facet arthropathy and lumbar radiculopathy. Plan of care includes: continue home exercise program and continue medications. Work status: not currently working. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy, 1-2 times per wk for 4 wks, Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: The claimant presented with recurrent chronic pain in the neck and low back. Previous treatments include medications, physical therapy, acupuncture, injections, chiropractic, and home exercises. Total chiropractic visits completed to date is not known, however, there are no evidences of objective functional improvements. The claimant continued to experience pain that require epidural injections, there are no changes in medications intake. Therefore, the request for additional 8 chiropractic visits is not medically necessary.