

Case Number:	CM15-0121257		
Date Assigned:	07/02/2015	Date of Injury:	01/25/2014
Decision Date:	09/02/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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 57 year old male, who sustained an industrial injury on 1/25/2014. He reported pain in his back and left shoulder. Diagnoses have included cervical spine sprain-strain, rule out cervical disc protrusion and dizziness. According to the 11/6/2014 initial evaluation report from [REDACTED], orthopedist, the claimant continued with his own chiropractor [REDACTED] to or 3 times per week which helped him walk. The recommendation was for an epidural injection to the lumbar spine. On 1/15/2015 [REDACTED] reevaluated the claimant and noted could benefit from the physical therapy. He feels that the pain in his rightly has completed a result. The pain in his left leg is probably 50% better. He still has pain in his lower back. The claimant also complained of neck pain with pain into the left upper extremity into the C6 distribution. The recommendation was for continued physical therapy. On 1/20/2015 the claimant underwent an agreed medical evaluation with [REDACTED] where it was opined that the neck, lower back, left shoulder, and psych complaints were compensable. On 3/12/2015 [REDACTED], reevaluated the claimant for complaints of lower back and shoulder pain. The recommendation was for chiropractic treatment at 2 times per week for 6 weeks. The request for chiropractic treatment was denied by the insurance company. On 5/7/2015 [REDACTED], reevaluated the claimant for complaints of neck pain at 4/10 visual analogue scale. The recommendation was for chiropractic treatment at 2 times per week for 6 weeks. This was denied by peer review based on the absence of documented functional improvement as a result of the previous course of care in the number of treatments rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks, C-spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. It appears that the claimant has undergone extensive course of chiropractic treatment prior to this request with no evidence of lasting functional improvement. The treatment notes available for review from the chiropractor's ongoing pain complaints no functional changes. Pain is not a sufficient rationale for continued therapy. Therefore, the medical necessity for the requested 12 chiropractic treatments was not established and is not medically necessary.