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| Case Number: | CM15-0176000 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 04/16/2015 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

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 65 year old male, who sustained an industrial injury on 4-16-15. Medical record indicated the injured worker is undergoing treatment for cervical sprain-strain, thoracic sprain-strain and lumbar sprain-strain. Treatment to date has included physical therapy, chiropractic therapy, home exercise program, activity modifications and oral medications including Mobic and Cyclobenzaprine. On 6-3-15 the injured worker reported ongoing pain in right neck, upper back with headaches and right sided low back pain with radiation to right gluteal area and on 8-18-15, the injured worker complains of intermittent mild right sided neck pain, occasional intermittent mild right scapular pain and notes low back pain has resolved. Work status is with modifications. Physical exam on 6-3-15 revealed tenderness to palpation over right occiput, right paracervical, right trapezius and mid cervical spine with limited range of motion; tenderness to palpation over L5, right paralumbar muscles with limited range of motion and a normal gait. 8-18-15 revealed grade 3-4 tenderness, vertebral fixations, active myofascial trigger points, right shoulder depression, pain with maximal right cervical rotation and lumbar exam is normal. On 8-19-15 a request for authorization was submitted for spinal manipulation, therapeutic exercises and electric current therapy 1 time a week for 6 weeks. On 8-27-15, utilization review modified certification for 6 chiropractic sessions to 4 sessions noting the injured worker is showing improvement; however guidelines limit the number of chiropractic 24 sessions and the injured worker has previously had 20 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the cervical, thoracic, and lumbar, once a week, for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 6 additional chiropractic treatments was not established. This request went to peer review on 8/26/2015. Upon peer review the provider accepted a modification from 6 treatments to 4 treatments for a total of 24 treatments provided since the initiation of care. The recommended 4 additional treatments were appropriate and supported by medical treatment utilization schedule guidelines. The guidelines indicate that up to 24 treatments may be appropriate with a return to work. The 4 additional recommended treatments were consistent with this guideline. The requested 6 treatments exceed medical treatment utilization schedule guidelines. Therefore, the request is not medically necessary.