

Case Number:	CM15-0177953		
Date Assigned:	09/18/2015	Date of Injury:	06/23/1982
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/09/2015

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 76 year old male, who sustained an industrial injury on June 23, 1982. He reported neck pain, upper back pain, mid back pain and low back pain. The injured worker was diagnosed as having segmental dysfunction of the lumbar spine and pelvis and lumbago. Treatment to date has included diagnostic studies, manual manipulation and medications. Currently, the injured worker continues to report intermittent exacerbations of neck pain, upper back pain, mid back pain and low back pain. The injured worker reported an industrial injury in 1982, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on July 9, 2015, revealed continued pain as noted. It was noted during exacerbations he required 2-4 manual manipulations. It was noted the physician recommended 12 visits over 8 months. The RFA included a request for 12 chiropractic treatments for the back and was non-certified on the utilization review (UR) on September 8, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant presented with chronic pain in the neck and back. Previous treatments include medications and manipulation. Reviewed of the available medical records showed the claimant has had periodic chiropractic treatments with benefits. However, there is no documents of recent flare-ups, and the request for 12 visits also exceeded the guidelines recommendation for flare-ups. Therefore, it is not medically necessary.