

Case Number:	CM15-0024987		
Date Assigned:	02/17/2015	Date of Injury:	01/01/1980
Decision Date:	06/12/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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 66 year old male, who sustained an industrial injury on September 18, 2007. He reported neck pain, greater on the right than the left with radiating pain to the bilateral upper extremities and shoulders. The injured worker was diagnosed as having sprain/strain of the cervical, thoracic and lumbar spine, bilateral shoulders elbows, wrists and hip and status post bilateral ulnar decompression surgery. Treatment to date has included diagnostic studies, surgical interventions of the bilateral upper extremities, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued neck pain, greater on the right than the left with radiating pain to the bilateral upper extremities and shoulders as well as back pain with lower extremity and knee pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 12, 2008, revealed continued pain. Chiropractic care for the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The claimant presented with flare-up of his chronic low back pain secondary to knee pain. Although chiropractic treatment might be recommended by evidences based MTUS guidelines for chronic low back pain. The current request for 12 visits exceeded the guidelines recommendation for flare-up. Therefore, it is not medically necessary.