

Case Number:	CM15-0027755		
Date Assigned:	02/20/2015	Date of Injury:	08/06/2005
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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 54 year old male, who sustained an industrial injury on 8/6/2005. He reports neck and back pain. Diagnoses include cervical spine stenosis, lumbar sprain/strain and cervicogenic headaches. Treatments to date include physical therapy, chiropractic, and medication management. A progress note from the treating provider dated 12/26/2014 indicates the injured worker reported neck pain 6-7/10, headaches and low back pain 8/10. Neck pain radiated to the scapular upper arm area, low back pain increased by prolonged sitting, bending repetitively, strenuous lifting, pushing or pulling, intermittent radiation to the lower extremity, headaches mostly in the occipital area and radiate to the vertex, they come and go a few time per week. On 1/20/2015, Utilization Review non-certified the request for 6 chiropractic sessions for the cervical spine, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 6 for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months, page 58-59 Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck and back pain. According to the available medical records, he had reached permanent and stationary status in 2007, and continue to receive periodic medical management in 2008, 2009, 2010, and 2011. Current progress report noted the claimant presented with increased pain and requesting 6 sessions of chiropractic/physical therapy. The request for treatment exceeded the guidelines recommendation of 1-2 visits every 4-6 months for flare-ups. Therefore, it is not medically necessary.