

Case Number:	CM15-0039875		
Date Assigned:	03/10/2015	Date of Injury:	09/01/1998
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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 73 year old male, who sustained an industrial injury on September 1, 1998. The injured worker reported neck and back pain. The injured worker was diagnosed as having cervicobrachial syndrome, cervical and thoracic subluxation, lumbar spondylosis, intervertebral disc syndrome and subluxation. The most recent progress note provided is dated June 16, 2014 and the injured worker complains of slight to moderate neck and back pain that is constant. Physical exam notes decreased range of motion (ROM) listed as 70% of normal. He is receiving chiropractic adjustments and manual traction as well he is doing home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation, low back.

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(s): 58-59.

Decision rationale: The claimant presented with recent flare up of his chronic neck and back pain. Previous chiropractic treatments provided improvement of pain and ROM. However, current request for 4 chiropractic treatments exceeded the guidelines recommendation for flare-up. Therefore, based on the guidelines cited, the request for 4 chiropractic treatments for this flare-up episode is not medically necessary and appropriate.