

Case Number:	CM15-0043154		
Date Assigned:	03/13/2015	Date of Injury:	07/23/2014
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/07/2015

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 38 year old male, who sustained an industrial injury on 07/23/2014. He has reported injury to the neck and low back. The diagnoses have included neck sprain; lumbar sprain; and lumbar/lumbosacral disc degeneration. Treatment to date has included medications, acupuncture, and chiropractic sessions. Medications have included Norco. A progress note from the treating physician, dated 01/14/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of right shoulder pain that is associated with the neck; and has difficulty turning his head to the right. Objective findings included decreased range of motion of the cervical spine with marked spasms on the right upper trap. The treatment plan has included follow-up evaluation in one month. Request is being made for Chiropractic therapy sessions for the cervical and lumbar spine with evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy sessions for the cervical and lumbar spine with evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic pain, Manual therapy and manipulation
Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with persistent neck and low back pain despite previous treatments with medications, acupuncture, and chiropractic. Reviewed of the available medical records showed the claimant has had at least 6 chiropractic treatments, however, there is no evidence of objective functional improvements. The current request for 12 visits also exceeded the guidelines recommendation for flare up. Therefore, it is not medically necessary based on MTUS guidelines.