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| Case Number: | CM15-0061509 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 03/27/2012 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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, Oriental Medicine

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 55-year-old male, who sustained an industrial injury on March 27, 2012. His treatment to date is not detailed in the submitted documentation. Currently, the injured worker complains of neck, shoulder, arm, low back, wrist, hand, left elbow, wrist and hand pain with associated numbness and tingling in the hand. His low back pain is associated with radiation to the leg. On examination, the injured worker had limited range of motion in the lumbar and cervical spine. Diagnoses associated with the request included lumbar disc syndrome, sciatica of the right leg, muscle sprain of the thoracic and lumbar spine and cervical radicular pain. His treatment plan included chiropractic manipulation, ultrasound, muscle stimulation once per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Chiropractic Thoracic and Lumbar Spine 3-4 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. However, the claimant did already have a trial of treatments with no functional improvement. Therefore, further chiropractic visits are not medically necessary.