

Case Number:	CM15-0064360		
Date Assigned:	05/08/2015	Date of Injury:	05/31/2012
Decision Date:	06/17/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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 42 year old male who sustained an industrial injury on 5/31/2012. His diagnoses, and/or impressions, are noted to include: cervical sprain/strain with headaches and upper extremity neuralgia; thoracic and lumbar sprain/strain with right leg neuralgia; lumbar radiculopathy and facet syndrome; post-concussion syndrome; left inguinal hernia; depression and anxiety; erectile dysfunction; and gait disorder vertigo improved. Recent magnetic imaging studies of the lumbar spine are noted on 12/10/2014 and x-rays of the lumbar spine on 3/9/2015. Nerve conduction studies of the upper/lower extremities were stated to have been done on 11/6/2014. His treatments have included toxicology screenings; Urology consultation; acupuncture treatments; a Neuro-Surgeon's Medical/Legal Consultation/Report of Occupational Injury (1/19/15); therapeutic left lumbar facet joint medial branch block injections and lumbosacral caudal epidural steroid injection (1/22/15); lumbosacral per-cutaneous epidural decompression neuroplasty with lumbar facet blocks (1/28/15); rest from work; and medication management. Progress notes of 3/2/2015 reported complaints of moderate headache, increased by activity; frequent neck pain, increased by movement; severe upper back pain, increased by activity, sitting or lying down; severe lower back pain, increased by activity, sitting or lying down; also reported was less vertigo and pain. Objective findings were noted to include tenderness with painful and limited range-of-motion of the cervical, thoracic and lumbar spine; decreased sensation on the right lumbosacral region; and positive bilateral shoulder depression. The physician's requests for treatments were noted to include Chiropractic Manipulative Therapy/Modalities/Rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical spine; 2x6: 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 The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. On 1/12/2015, the provider requested 12 chiropractic and 12 acupuncture treatments. The claimant was reportedly authorized 9 sessions of therapy. On 3/9/2015, the claimant underwent a comprehensive orthopedic consultation with [REDACTED]. This report indicated that "the patient has received 3 pain injections to his low-back which have not helped him at all. The patient received acupuncture which did not help him at all." He recommended a CT scan of the lumbar spine. There was no indication of the claimant's response to the initial course of chiropractic treatment. The 3/2/2015 progress report from [REDACTED] indicated ongoing 'frequent neck pain', 'severe upper back pain', and 'severe lower back pain.' Given the absence of documented functional improvement as a result of the initial course of care, the medical necessity for 12 additional chiropractic treatments was not medically necessary.