

Case Number:	CM15-0072748		
Date Assigned:	04/23/2015	Date of Injury:	06/03/2013
Decision Date:	05/28/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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:

This 36 year old man sustained an industrial injury on 6/3/2013 after a ladder rung broke while he was climbing it. Diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, and right knee sprain/strain. Treatment has included oral and topical medications. Physician notes dated 1/20/2015 show complaints of neck, bilateral shoulder, upper back, low back, and right knee pain. Recommendations include chiropractic treatment, Tylenol #3, Nalfon, Terocin cream, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x4 (8 sessions) Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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 chronic neck and back pain. There are limited treatment records available for reviewed. Progress report dated 01/20/2015 by the treating doctor noted the claimant had been authorized for chiropractic treatments. However, total number of visits completed to date is unclear, and treatment outcomes are not documented. MTUS guidelines might recommend up to 18 chiropractic visits over 6-8 weeks if there are evidences of objective functional improvement documented in the trial visits. In this case, total number of visits completed to date and functional improvement are unknown. Therefore, the request for 8 additional chiropractic therapy for the neck is not medically necessary.

Chiropractic therapy 2x4 (8 sessions) Upper back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58.

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 chronic neck and back pain. There are limited treatment records available for reviewed. Progress report dated 01/20/2015 by the treating doctor noted the claimant had been authorized for chiropractic treatments. However, total number of visits completed to date is unclear, and treatment outcomes are not documented. MTUS guidelines might recommend up to 18 chiropractic visits over 6-8 weeks if there are evidences of objective functional improvement documented in the trial visits. In this case, total number of visits completed to date and functional improvement are unknown. Therefore, the request for 8 additional chiropractic therapy for the upper back is not medically necessary.

Chiropractic therapy 2x4 (8 sessions) Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58.

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 chronic neck and back pain. There are limited treatment records available for reviewed. Progress report dated 01/20/2015 by the treating doctor noted the claimant had been authorized for chiropractic treatments. However, total number of visits completed to date is unclear, and treatment outcomes are not documented. MTUS guidelines might recommend up to 18 chiropractic visits over 6-8 weeks if there are evidences of objective functional improvement documented in the trial visits. In this case, total number of visits completed to date and functional improvement are unknown. Therefore, the request for 8 additional chiropractic therapy for the lower back is not medically necessary.