

Case Number:	CM15-0072909		
Date Assigned:	04/23/2015	Date of Injury:	11/15/2013
Decision Date:	05/21/2015	UR Denial Date:	03/18/2015
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, 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 56 year old who sustained an industrial injury on 11/15/2013. Diagnoses include lumbar facet arthropathy, mild L4-5 and L5-S1 disc bulges, lumbar radiculopathy, cervicgia and cervical radiculopathy. Treatment to date has included diagnostic studies, medications, therapy, chiropractic sessions, physical therapy, acupuncture sessions, and Transcutaneous Electrical Nerve Stimulation Unit. A physician progress note dated 02/24/2015 documents the injured worker complains of neck and low back pain. He has had 4-5 sessions of acupuncture with some temporary relief. His neck pain is constant and radiates down both arms and to the finger tips, much worse on the right. There is intermittent numbness in both hands, mostly at night. He rates his pain as 7 out of 10 on the pain scale. He reports low back pain with a sensation of pins and needle across his back. There is a constant radiation of aching pain down his bilateral legs to his feet, right greater than left. The pain is rated as 8 out of 10. Cervical and lumbar range of motion is decreased. He has a positive straight leg raise on the right at 50 degrees for pain down to the foot, and positive on the left at 70 degrees for pain down the back and thigh. There is a positive Lasegue maneuver bilaterally. He has a positive Tinel's and Phalen's bilaterally, and a positive Tinel's at the right elbow. The treatment plan is for acupuncture, transforaminal epidural steroid injections bilaterally, 6 week follow up, chiropractic treatment, cervical spine Magnetic Resonance Imaging, and orthopedic follow-up. Treatment requested is for chiropractic care of the cervical and lumbar spine, twice weekly for four weeks. Per a Pr-2 dated 4/9/2015, the claimant has had six sessions of chiropractic which

aggravated his symptoms. He had 20 sessions with another chiropractor which gave him significant relief. Overall the claimant has had 40 sessions of chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care of the cervical and lumbar spine, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 60.

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. The claimant has already exceeded the 24 visit maximum prior to the visit. Furthermore, the provider has not demonstrated any objective functional improvement as a result of chiropractic. Prior chiropractic has only offered temporary relief. Therefore further chiropractic visits are not medically necessary.