

Case Number:	CM15-0073784		
Date Assigned:	04/21/2015	Date of Injury:	09/29/2011
Decision Date:	05/28/2015	UR Denial Date:	03/06/2015
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

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 57 year old male, who sustained an industrial injury on 09/29/2011. He has reported injury to the neck and low back. The diagnoses have included cervical herniated nucleus pulposus; lumbar spine herniated nucleus pulposus; lumbar radiculitis; and bilateral sciatica. Treatment to date has included medications, diagnostics, acupuncture, shockwave therapy, chiropractic, and home exercises. Medications have included Tramadol, Naproxen, and topical compounded creams. A progress note from the treating physician, dated 02/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued neck and low back pain. Objective findings have included decreased range of motion to the cervical spine and lumbar spine with spasms; and bilateral wrist tenderness. The treatment plan has included the request for four sessions of chiropractic therapy for the lumbar and cervical spine, once a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four sessions of chiropractic therapy for the lumbar and cervical spine, once a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 58-59.

Decision rationale: The claimant presented with persistent chronic neck and low back pain despite previous treatments with medications, acupuncture, shockwave, and chiropractic. Reviewed of the available medical records showed the claimant has had chiropractic treatment with activator before. The total number of chiropractic visits to date is unclear, however, there is no evidences of objective functional improvement documented. Furthermore, ongoing maintenance care is not recommended by MTUS guidelines. Therefore, the current request for chiropractic therapy is not medically necessary.