

Case Number:	CM15-0078955		
Date Assigned:	04/30/2015	Date of Injury:	02/01/1998
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/24/2015

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, Minnesota
 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 72 year old male, who sustained an industrial injury on 02/01/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having nonallopathic lesions of the thoracic spine, nonallopathic lesions of the lumbar spine, nonallopathic lesions of the sacral spine, lumbosacral plexus lesions, sciatica, thoracic spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, displacement of the cervical intervertebral disc without myelopathy, and displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included magnetic resonance imaging of the lumbar spine, chiropractic therapy, and chronic pain program. In a progress note dated 02/18/2015 the treating physician reports complaints of decreased, intermittent, aching pain to the bilateral neck, bilateral mid back, and bilateral low back. The pain level was rated a two out of ten on a visual analog scale. The documentation provided did not contain a request for 27 sessions of chiropractic therapy, but the chiropractic visits provided noted that the injured worker was to be examined after ten to eleven visits during the care plan to assess for functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Chiropractic sessions x27 01/22/14 thru 02/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested retro: 27 Chiropractic sessions from 1/22/14 to 2/18/15 without stating the exact areas to be treated as well as how the patient responded to care using objective functional improvement documentation. The requested 27 Chiropractic sessions is not according to the above guidelines and therefore the treatment is not medically necessary.