

Case Number:	CM15-0093588		
Date Assigned:	05/20/2015	Date of Injury:	09/13/2013
Decision Date:	06/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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 64 year old male, who sustained an industrial injury on 9/13/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having bilateral shoulder tendinitis with mild impingement, improved, cervical strain, spondylosis, lumbar strain, myofascial pain with facet arthrosis, and sacral strain, improved. Treatment to date has included diagnostics, acupuncture, chiropractic (documented 6 sessions), injections, home exercise, and medications. Per the Agreed Medical Examination (AME 2/09/2015), the injured worker was not currently working, despite being maintained on modified duty. The AME documented that in the setting of flare-ups, reinstatement of brief courses of physical therapy/chiropractic/acupuncture/massage (not anticipated to exceed 8-12 sessions of all combined modalities per year). Currently, the injured worker reported modest improvement following chiropractic sessions for the cervical and lumbar spines. He requested additional therapy, with a complaint of diffuse aching pain and limited mobility. He reported periodic use of Advil, with no side effects, and pain was not rated. Exam noted mild tenderness to palpation of the cervical and lumbar paraspinals and minimally reduced range of motion. The treatment plan included chiropractic therapy for the cervical and lumbar spines, 2x4. Work status continued as modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy two (2) times a week for four (4) weeks for the Cervical and Lumbar area: 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 4/13/15 denied the request for additional Chiropractic care 2x4 to the cervical and lumbar spine regions citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records did support clinical evidence of flare/exacerbation necessitating care but the requested 6 sessions exceeded referenced CAMTUS Chronic Treatment Guidelines. Reviewed records do not support the medical necessity for 8 additional Chiropractic visits or comply with CAMTUS Chronic Treatment Guidelines.