

Case Number:	CM15-0099333		
Date Assigned:	06/01/2015	Date of Injury:	10/03/2014
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 10/03/2014. He reported a fall off of a truck while unloading produce, landing on his back with injury to the back and neck. Diagnoses include cervical strain/sprain, lumbar strain/sprain with referred pain to bilateral legs, post-traumatic stress and sleep disturbances. Treatments to date include activity modification, medication management, and physical therapy, and acupuncture treatments. Currently, he complained of ongoing pain in the neck and lumbar spine. On 4/13/15, the physical examination documented cervical muscle spasms and reduced range of motion. The plan of care included chiropractic therapy once a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic one time per week times eight weeks cervical, lumbar and bilateral leg:

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 Manual therapy Page(s): 58-59.

Decision rationale: The patient presents with neck pain rated 5-6/10 radiating to the upper extremities and the low back pain, rated 9-10/10. The request is for CHIROPRACTIC 1 TIME PER WEEK FOR 8 WEEKS. Physical examination to the cervical spine on 11/05/14 revealed tenderness to palpation over the bilateral paracervical and trapezius muscles. Physical examination to the lumbar spine revealed tenderness to palpation over the bilateral paralumbar muscles with referred pain to both legs. Range of motion was reduced in all planes. Patient's treatments have included medication, physical therapy and chiropractic care. Per 02/25/15 progress report, patient's diagnosis include lumbago, sciatica and sprain of lumbar. Patient's work status is modified duties. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not discussed this request. Per UR letter dated 03/06/15, patient was approved 10 sessions of chiropractic. However, there is no evidence of objective functional improvement, decrease in pain and improvement in quality of life, as required by MTUS. The request is not in line with guideline recommendations and therefore, it IS NOT medically necessary.