

Case Number:	CM14-0146158		
Date Assigned:	09/12/2014	Date of Injury:	04/08/2005
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Chiropractics and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 60-year-old male who was involved in a work injury on 4/8/2005. The mechanism of injury and entire post injury treatment history was not available for review. On 8/12/2014 the claimant was evaluated by [REDACTED] for [REDACTED]. The claimant was complaining of neck, upper back, lower back, right shoulder, right elbow, right knee, and left knee pain. The claimant was diagnosed with cervical spine disc bulges, thoracic spine strain, lumbar spine surgery, right shoulder strain, right elbow surgery, right knee surgery, left knee strain, and other problems unrelated to current evaluation. The physical examination on 8/12/2014 was performed by [REDACTED]. The only clinical finding on the physical examination was mid anterior thigh, mid-lateral calf and lateral ankle are all intact. The recommendation was for 6 chiropractic treatments. This request was denied by peer review based on the absence of information describing that the prior 6 visits of chiropractic care rendered to this patient has established any signs of objective functional improvement. There is also no documentation of the patient being involved in an active exercise program. There are minimal objective examination findings provided to establish the medical necessity for continued chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1x6, C spine, T spine, L spine, left shoulder: 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 manipulation section Page(s): 58..

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: 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. The claimant reportedly underwent 6 sessions of chiropractic treatment. However, there was no documentation indicating any functional improvement or any response to the initial course of treatment. Based on the absence of any documented functional improvement as a result of the initial course of care, the medical necessity for the requested 6 additional treatments was not established.