

Case Number:	CM15-0100596		
Date Assigned:	06/03/2015	Date of Injury:	05/31/2011
Decision Date:	10/05/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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 54-year-old male, who sustained an industrial injury on 5-31-11. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, hand contusion, wrist contusion, contusion of shoulder and upper arm, lumbar disc disorder with myelopathy and cervical disc displacement without myelopathy. Treatment to date has included medications, activity modifications, diagnostics, chiropractic, massage, traction, electrical stimulation, manual manipulation, cervical epidural steroid injection (ESI), and other modalities. Currently, as per the physician progress note dated 3-30-15, the injured worker complains of continued low back pain with some improvement in range of motion. He also continues to have swelling in the right hand, which he feels is radiating from the cervical spine. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, lumbar and thoracic spine. The objective findings-physical exam reveals spasms and tenderness over the cervical and lumbar musculature with increased range of motion as compared to previously. The injured worker is able to ambulate without a significant antalgic gait. There is increased range of motion noted with abduction of the left shoulder to approximately 110 degrees. It is noted that the chiropractor recommends additional chiropractic visits as the injured worker significantly increased his spinal functioning and reduced his pain level with the prescribed chiropractic care. The physician requested treatment included Additional 6 Chiropractic treatments 2 times a week for 3 weeks to cervical spine, thoracic spine, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 Chiropractic treatments 2 times a week for 3 weeks to cervical spine, thoracic spine, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24-visit maximum prior to this visit. However, the claimant did already have a trial of treatments with no functional improvement. Therefore, further chiropractic visits are not medically necessary.