

Case Number:	CM13-0011735		
Date Assigned:	06/06/2014	Date of Injury:	01/14/2010
Decision Date:	07/25/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/16/2013

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 licensed in Chiropractic and Acupuncture, and is licensed to practice in Texas. 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 injured worker is a 50 year old male who reported an injury on 01/14/2010 due to an unknown mechanism of injury. The injured worker complained of numbness, tingling, radiating pain to the left lower extremities, and bilateral feet pain. On 10/08/2013 a physical therapy session revealed increased pain while walking, lying down, and bending forward. The injured worker had limited flexion and extension range of motion with decreased segmental motion. There were no diagnostic studies submitted for review. The injured worker's diagnoses were not provided. The past treatment included physical therapy. A list of the injured worker's medications was not provided. The current treatment plan is for 24 sessions of chiropractic treatment for the lumbar spine. The rationale and request for authorization form were not provide for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 SESSIONS OF CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS) 2009, Chornic Pain, pg. 58: Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for 24 sessions of chiropractic treatment for the lumbar spine is non-certified. The injured worker has a history of numbness, tingling, and radiating pain to the lower extremities. The CAMTUS guidelines state for chiropractic treatment that low back: 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 injured worker has not participated in chiropractic therapy to date. The request for 24 sessions exceeds the evidence-based guidelines recommendations for initial duration of care. In addition, the frequency for the proposed sessions was unspecified. Given the above, the request for 24 sessions of chiropractic treatment for the lumbar spine is not medically necessary and appropriate.