

Case Number:	CM13-0012272		
Date Assigned:	11/08/2013	Date of Injury:	07/15/2011
Decision Date:	05/07/2014	UR Denial Date:	07/30/2013
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 Board Certified in Chiropractic Medicine, 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 54-year-old who reported an injury on July 15, 2011. The mechanism of injury was not stated. Current diagnosis is status post left L5-S1 lumbar laminectomy. The injured worker was evaluated on January 17, 2014. Physical examination revealed limited lumbar range of motion, full strength in bilateral lower extremities, and decreased sensation in the left C5 dermatome. Treatment recommendations included 8 sessions of chiropractic treatment, as well as a home TENS (transcutaneous electrical nerve stimulator) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES PER WEEK FOR 3 WEEKS; QTY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state manual therapy and manipulation is recommended for chronic pain. Treatment for the low back is recommended as a therapeutic trial of six visits over two weeks. For recurrences and flare-ups, following a re-evaluation of treatment success, and if a return to work goal has been achieved, guidelines allow

for one to two sessions every four to six months. As per the documentation submitted, the injured worker has previously participated in chiropractic therapy. However, there is no documentation of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. There is also no specific body part listed in the current request. The request for chiropractic treatments, twice per week for three weeks, is not medically necessary or appropriate.