

Case Number:	CM13-0012532		
Date Assigned:	03/24/2014	Date of Injury:	12/27/2011
Decision Date:	04/29/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/12/2013

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 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 patient is a 58-year-old male who reported an injury on 12/27/2011. The mechanism of injury was not provided. Per the documentation of 07/30/2013, the patient indicated that chiropractic treatments allowed the patient's pain to become less frequent and less intense when he carried out work on the docks. Spinal palpation elicited pain and tenderness over the L5 through L3 vertebrae and the right transverse process of the T9 through T12 vertebrae. Upon motion, palpation of the vertebrae of L4, L3, and T9 through T7 were found to be hypomobile with decreased joint play and subluxations. It was indicated that was a lower number of subluxations than previously seen. The orthopedic examination revealed the patient had decreased range of motion with pain. The physician documentation requested 8 visits of chiropractic care. The patient's diagnosis included low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT: 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 & Manipulation Page(s): 58-59.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. The maximum duration is 8 weeks and at 8 weeks, the patient should be re-evaluated. The clinical documentation submitted for review indicated the patient had 20 sessions of prior chiropractic care. There was a lack of documentation indicating the patient had objective functional improvement with prior sessions. Additionally, the request as submitted failed to indicate the body part or the duration for the request. Given the above, the request for chiropractic treatment is not medically necessary