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| Case Number: | CM13-0016951 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 12/16/2003 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

This claimant was injured on 12/15/03. The most recent clinical assessment is dated 7/30/13 when she was seen by [REDACTED] for subjective complaints of low back pain localized with no acute radicular findings noted. It states that she is no longer utilizing Tramadol and has been using Motrin and Prilosec as well as Flexeril. Objective findings showed restricted range of motion at end points of forward flexion and extension with no neurologic exam performed. The claimant's diagnosis was that of right L5 radicular pain in the setting of a disc extrusion at L4-5 and chronic discogenic neck pain. The recommendations at that time were for eight sessions of chiropractic care. It states that she had previously undergone chiropractic treatment but had not utilized this modality in the past 1½ years. Documentation pertaining to the prior chiropractic care was not within the available medical records. There is no documentation of imaging for review in this case dating back to the time of the work-related injury in 2003.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-2, 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58-59.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continued chiropractic care would not be indicated. The time frame to produce maximal effectiveness was 4-6 treatments. The requested eight sessions in this case would exceed the clinical guidelines and would not be supported as medically necessary. It is also indicated that the claimant has already undergone a course of chiropractic care at some point in time in her clinical course and the functional response to that treatment was not documented. Based on the available records the requested chiropractic treatment would not be indicated as medically necessary.