

Case Number:	CM13-0017646		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2013
Decision Date:	03/05/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of January 31, 2013. A utilization review request dated August 1, 2013 recommends non certification of chiropractic care. The utilization review report recommends modification of the request to certify a three visit chiropractic trial. A progress report dated December 4, 2013 includes subjective complaints of lumbar spine pain still persistent rated at 7-8/10. The objective examination findings are not listed. Diagnoses include "lumbar spine sprain/strain-left lower extremity." Treatment plan recommends continuing therapy 2x4. A progress report dated September 25, 2013 identifies objective examination findings including range of motion in the lumbar spine was 70° of flexion, 50° extension, 30° of right lateral flexion, 30° of left lateral flexion, 30° of right rotation, (illegible) left rotation, mild spasm, and paraspinal (illegible). Treatment plan recommends therapy 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 3 visits per week qty 4 weeks concentrating on lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.