

Case Number:	CM13-0024422		
Date Assigned:	11/20/2013	Date of Injury:	02/15/2013
Decision Date:	02/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

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 Licensed in Chiropractor, has a subspecialty in Accupuncture 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 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:

The patient is a 23 year old injured worker with complaints of low back pain. The patient participated in 12 plus chiropractic sessions. The patient had good result from the sessions. However, the patient still had functional deficits and complaints of pain. The patient was recommended to transition to home exercise. The patient was considering epidural steroid injections as noted on 09/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spines, four times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 week. The medical records provided for review indicates that the patient participated in 12 plus chiropractic sessions with good result. However, there were no objective findings of functional improvement submitted for review. Given the lack of objective findings of functional

improvement the request exceeds guideline recommendations. The request for chiropractic therapy for the lumbar spines, four times a week for four weeks is not medically necessary and appropriate.