

Case Number:	CM13-0026257		
Date Assigned:	03/26/2014	Date of Injury:	04/02/2012
Decision Date:	04/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/18/2013

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 Licensed in Chiropractic Care 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 patient is a 59-year-old female who reported an injury on 04/02/2012. The mechanism of injury was not provided for review. The patient's most recent clinical documentation noted the patient had a lumbar and cervical spine injury. It was noted the patient maximized her physical therapy and recommendation was made to transition into chiropractic care with acupuncture. The patient's diagnoses included lumbar degenerative disc disease of L4-5 and L5-S1 with spinal stenosis and left-sided disc herniation at the L4-5 level. Request was made for 24 initial chiropractic therapy visits for the cervical spine 2 times a week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 INITIAL CHIROPRACTIC THERAPY VISITS FOR THE CERVICAL SPINE, 2 X A WEEK FOR 12 WEEKS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine)

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

Decision rationale: The requested 24 initial chiropractic therapy visits for the cervical spine 2 times a week for 12 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of chiropractic care in the management of chronic pain. However, the clinical documentation submitted for review does not provide any evidence that the patient has received any chiropractic care in the past. Therefore, an initial trial of 6 visits would be appropriate for this patient. However, the clinical documentation submitted for review does not provide any evidence of significant lumbar or cervical spine deficits that would require further treatment. Additionally, the requested 24 chiropractic therapy visits exceeds the recommendation of a 6-visit clinical trial. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 24 initial chiropractic therapy visits for the cervical spine 2 times a week for 12 weeks is not medically necessary or appropriate.