

Case Number:	CM13-0028229		
Date Assigned:	11/22/2013	Date of Injury:	05/26/2004
Decision Date:	01/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Care, has a subspecialty in Acupuncture 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 38-year-old female who reported an injury on 05/26/2004 after she was injured lifting a heavy box of books. The patient sustained industrial injuries to her neck and low back. Her treatment to date has included medications, chiropractic treatments, and epidural injections. The patient's last reported clinical date was from 08/07/2013 in which the patient was seen for continuations of back and leg pain. As noted in the documentation, the patient did receive 60% improvement due to the epidural steroid injection she received prior to this clinical date. The patient states that she is doing much better, especially with the chiropractic treatments. The physician is now requesting chiropractic treatment two (2) times per week for five (5) weeks in treatment to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic treatment two (2) times per week for five (5) weeks in treatment to the lumbar spine: Overturned

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

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

Decision rationale: Under California MTUS, it states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back pain, therapeutic trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks is appropriate for a low back pain injury. The documentation notes the patient has completed 4 chiropractic treatments from 06/04 through 06/19/2013. There is only a mild improvement between 2 of the sessions from the 06/06 to the 06/11 sessions where the patient is noted as having a 1 level pain improvement from a 4 to a 3. Therefore, the requested service for an additional 10 sessions of chiropractic treatment for the lumbar spine is still within the Guideline criteria for low back pain. As such, the request for chiropractic treatment two (2) times per week for five (5) weeks in treatment to the lumbar spine is considered medically appropriate for this patient and is certified.