

Case Number:	CM13-0029095		
Date Assigned:	03/17/2014	Date of Injury:	12/12/2008
Decision Date:	06/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

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 Certified in Chiropractic, 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 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 injured worker is a 48 year old female who was injured on 12/12/08 (MD report states 12/12/09 and DC report states 12/21/08) while working as an Aircraft Inspector. The diagnoses appear to be Lumbar strain, left S/I joint strain/sprain and Thoracic Segmental Dysfunction. The treatment has consisted of medications and Chiropractic manipulation. Six previous chiropractic sessions were certified on 5/20/13. No MRI's or EMG/NCV's results were made available for review. No objective functional improvement was seen in the medical records with regard to range of motion or other objective findings in the doctor's reports. There are no previous of treatments from 12/12/2008 to 05/06/2013. The medical doctor and chiropractor are requesting 1 treatment per week for 10 weeks or 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC SESSIONS ONE (1) TIME A WEEK FOR TEN (10) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in a patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended as an option of 6 trials over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The injured worker has had 6 prior chiropractic treatments with no objective functional improvement documented in the medical records provided for review. Therefore, the request for additional chiropractic treatments is not medically necessary and appropriate.