

Case Number:	CM13-0029630		
Date Assigned:	11/01/2013	Date of Injury:	09/20/2002
Decision Date:	02/19/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 09/20/2002. The mechanism of injury was reported to be a slip and fall causing injury to the right knee and shoulders. The patient developed chronic low back pain, thoracic pain, and lumbosacral pain. This pain was treated with medications and chiropractic care. The patient's most recent evaluation documented that the patient sustained a stumble that caused a re-exacerbation of the patient's symptoms. It was noted that the patient attempted self-management of the pain with using ice and heat, home exercises, and anti-inflammatories. Physical findings included low back pain rated at a 9/10 and neck pain rated at an 8/10. The patient had limited cervical and lumbar spine range of motion secondary to pain. The patient's diagnoses included an acute exacerbation of the patient's chronic back pain. The patient's treatment plan included chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x Wk x 6 Wks Cervical, Thoracic, Lumbo Sacral: Upheld

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

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

Decision rationale: The requested Chiropractic 2x Wk x 6 Wks Cervical, Thoracic, Lumbo Sacral is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously received chiropractic care with established pain relief. The California Medical Treatment and Utilization Schedule recommends 1 to 2 visits for acute exacerbations of chronic pain when return to work is achieved. The clinical documentation submitted for review does not provide any evidence that the patient is currently working and that the patient's pain is preventing them from performing normal job duties. In this case, 1 to 2 visits may be appropriate. However, the requested 12 chiropractic visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested Chiropractic 2x Wk x 6 Wks Cervical, Thoracic, Lumbo Sacral is not medically necessary or appropriate.