

Case Number:	CM13-0031958		
Date Assigned:	12/04/2013	Date of Injury:	01/15/2013
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/04/2013

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 Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 39 year-old female with a reported date of injury on 01/15/2013. The patient presented with low back pain, pain radiation to the left lower extremity, antalgic gait, and stiffness. The patient had diagnoses including lumbar back pain, lumbar radiculopathy, lumbar disc displacement, anxiety, depression, and sleep disorder. The physician's treatment plan included a request for chiropractic treatment lumbar 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for EXT Chiropractic Treatment Lumbar 3 x: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines note chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive

activities. The guidelines recommend a therapeutic care trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The guidelines note elective/maintenance care is not medically necessary. Patients with recurrences/flare-ups need to reevaluate treatment success, if return to work is achieved then 1-2 visits every 4-6 months. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's current objective functional condition in order to demonstrate deficits needing to be addressed with the use of chiropractic care. Within the provided documentation, it was unclear if the patient has undergone chiropractic care in the past as well as the efficacy of chiropractic care as demonstrated by objective functional improvements with the use of chiropractic care. Therefore, the request for EXT chiropractic treatment lumbar 3 x 4 is neither medically necessary nor appropriate.