

Case Number:	CM13-0032851		
Date Assigned:	12/06/2013	Date of Injury:	08/22/2012
Decision Date:	02/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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 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 50-year-old male who reported an injury on 08/22/2012 due to repetitive trauma while performing normal job duties. The patient underwent a lumbar magnetic resonance imaging (MRI) that revealed multilevel disc herniations of the spine. The patient's chronic pain was managed with medications. The patient's most recent clinical examination findings included limited cervical range of motion, limited lumbar range of motion, tenderness to palpation over the paraspinal cervical and lumbar musculature. The patient's diagnoses included chronic low back pain with disc protrusions. The patient 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 1xWk x12 Wks neck and Low back: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient previously underwent this type of therapy. Therefore, a therapeutic trial would be supported. The California Medical Treatment Utilization Schedule recommends 6

visits of chiropractic care with the documentation of objective functional improvement to support continuation of this treatment modality. There is no documentation that the patient previously underwent chiropractic care. The requested 12 visits exceed guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested chiropractic care 1 time a week for 12 weeks for the neck and low back is not medically necessary or appropriate.