

Case Number:	CM13-0036443		
Date Assigned:	12/13/2013	Date of Injury:	07/26/2006
Decision Date:	02/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 expert reviewer is licensed in Chiropractor, 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 68 year old male who reported an injury on July 26, 2006, the cause of injury was not provided. The patient reported pain that radiates down the bilateral lower extremities. The patient reported no changes to his pain since he had an epidural steroid injection on November 12, 2013. The patient presents with a diagnosis of lumbar stenosis and lumbar disc displacement without myelopathy. Upon physical examination the patient was noted to have an antalgic gait. The notes provided did not note functional deficits. The noted plan for the patient is to continue his current medication regiment, stay as active as possible, with follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic treatment for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Department of Industrial Relations Chapter, Division of Workers Compensation Subchapter, Administrative Director - Administrative Rules, Medical Treatment Utilization Schedule,

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

Decision rationale: The request for 12 sessions of chiropractic treatment for the cervical and lumbar spine is non-certified. The patient reports pain that radiates down the bilateral lower extremities, although no functional deficit is noted. The Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation with measurable gains in functional improvement that facilitate progression. The notes provided do not report the patient having functional deficits. In addition, the request for 12 sessions could exceed guideline recommendations for initial care. The documentation does not include the number of sessions the patient has completed to date. Therefore the request for 12 sessions of chiropractic treatment for the cervical and lumbar spine is not medically necessary and appropriate.