

Case Number:	CM13-0036913		
Date Assigned:	12/13/2013	Date of Injury:	10/19/2011
Decision Date:	02/19/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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.

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 54-year-old male who reported an injury on 10/19/11. The mechanism of injury involved a slip and fall. His diagnoses include hip contusion and lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of chiropractic therapy for the lumbar spine with use of inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300, 58-59.

Decision rationale: According to the California MTUS guidelines, manual therapy and manipulation may be recommended for chronic pain if caused by a musculoskeletal condition. It is specified that a trial of six visits over two weeks is indicated for low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. Additionally, the ACOEM Guidelines state that traction has not been proven to be effective for lasting relief of low back pain. It also states that evidence is insufficient to support using vertebral axial decompression for treating low back injuries. As the request for chiropractic care exceeds the recommendation of an initial six visits, it is not supported. In addition, the use of traction/vertebral axial decompression is not supported by guidelines. Therefore, the request is non-certified.

