

Case Number:	CM13-0037033		
Date Assigned:	12/13/2013	Date of Injury:	05/29/2009
Decision Date:	06/13/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/22/2013

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 Board Certified in Chiropractic 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 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 injured worker is a 53 year old female with a date of injury of 05/29/2009. The mechanism of injury is noted as after pushing a heavy box, the injured felt pain around the waist area. Submitted records indicate severe neck and low back pain with numbness and tingling on occasion. Examinations revealed overall cervical and lumbar ranges of motion and mild weakness at the right leg. Prescribed treatments included physical therapy, chiropractic treatments, and acupuncture treatments. The injured had six chiropractic treatments certified between 3/20/2013 and 6/2013 with no relief and symptoms. The MRI on 7/2013 demonstrated disc bulges. The provider requested unknown quantity of chiropractic treatment for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: Regarding chiropractic manipulation, the MTUS Chronic Pain Guidelines state manipulation is, "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Submitted records indicate the patient had a trial of 6 chiropractic visits with no objective functional improvement or any improvement in activities of daily living. Proceeding with additional chiropractic visits is not medically necessary based on a lack of documented functional improvement.