

Case Number:	CM13-0037603		
Date Assigned:	12/18/2013	Date of Injury:	10/12/2011
Decision Date:	03/07/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 37-year-old female who reported an injury on 10/12/2011. The mechanism of injury was not submitted. The patient was diagnosed with lumbar herniated nucleus pulposus, cervical strain, right knee Baker's cyst, and patella maltracking. The patient continued to complain of low back pain and trapezius tightness. The patient reported much relief with chiropractic treatment in the past. Objective findings included pain with flexion and extension in the lumbar region, decreased range of motion in the lumbar region, positive for spasm and tenderness to palpation in the lumbar region, cervical region positive for trapezius tightness, pain to palpation, and painful range of motion. The patient was recommended chiropractic treatment for the lumbar spine and cervical spine at 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment two times a week for six weeks to the lumbar and cervical spine:
Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state 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 progress in the patient's therapeutic exercise program and return to productive activities. The patient complained of pain to the cervical spine and lumbar spine. However, no clinical documentation was submitted for review indicating the patient was participating in any exercise program. Also, no clinical documentation was submitted for review indicating continued functional deficits from previous chiropractic care. Given the lack of documentation to support guideline criteria, the request is not medically necessary and appropriate.