

Case Number:	CM13-0039456		
Date Assigned:	12/18/2013	Date of Injury:	01/10/2013
Decision Date:	02/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a chiropractor 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 53-year-old male who reported a work related injury on 01/10/2013, as a result of strain to the lumbar spine. Subsequent to the patient's work related injury, the patient has attended 21 chiropractic sessions to date. The clinical note dated 10/21/2013 reports the patient was examined under the care of [REDACTED], Chiropractor. The provider documents the patient presents with continued low back pain rated at a 5/10 to 10/10. The patient reports left lower extremity-associated numbness. The patient reports increased pain with weight-bearing and range of motion of the lumbar spine. The provider documented a request for authorization for electrodiagnostic studies of the lower extremities, a spine orthopedic consult, and 6 visits of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic visits, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient had completed over 21 sessions of chiropractic treatments status post his injury sustained in 01/2013. The clinical notes fail to document significant objective functional improvements, or a decrease in the patient's rate of pain as a result of chiropractic interventions. California MTUS indicates manual therapy manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The goal of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Guidelines support a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks. Given all the above, the request for 6 chiropractic visits for the lumbar spine is not medically necessary or appropriate.