

Case Number:	CM13-0042046		
Date Assigned:	12/20/2013	Date of Injury:	11/05/2012
Decision Date:	02/12/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	10/16/2013

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 a Chiropractor, has a subspecialty in Acupuncture 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 patient is a 58-year-old female with a date of injury of 11/05/2012. According to the chiropractic/PT evaluation report dated 4/09/2013, patient was diagnosed with sprains and strains of other and unspecified parts of back 847.0, thoracic spine sprain and strain 847.1, sacroiliac region sprain and strain 846, cervical intervertebral disc displacement without myelopathy. The patient was authorized for six chiropractic treatments. The patient complained of worsening neck and low back pain. The neck pain was rated at 5/10 and 7/10 for the lower back pain. Walking more than 30 minutes causes increased lower back pain with radiation of pain to the left buttock and posterior thigh. Significant objective findings include tenderness to the mid posterior neck and mid trapezii muscles with hypertonicity. Cervical spine range of motion was 40 degrees, extension was 35 degrees, bilateral flexion 40, and bilateral rotation was 60 degrees. There was diffuse tenderness to the lower back and hypertonicity to the paralumbar area, and decrease lumbar range of motion with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The patient was authorized 6 chiropractic visits. There was no documentation of objective functional improvements documented. The patient's pain scale was around 7/10 for the cervical spine and 4/10 for the low back according to the chiropractic report dated 05/24/2013. The provider stated that the patient had 25-30 % improvement with lower back pain. The patient's pain scale remained the similar from exam to exam. Based on the lack of significant objective functional improvement, the provider's request for additional chiropractic care is not medically necessary.