

Case Number:	CM13-0042746		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2012
Decision Date:	04/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine Rehabilitation, 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:

This is a 57-year old female with a history of low back injury caused when she was bending down to put some shoes away in a stockroom. The patient was found to have multilevel disc disease/bulges, spondylolisthesis, and degenerative changes. Electrodiagnostics do not show radiculopathy. The patient has had extensive conservative care, including physical therapy, but had not yet had chiropractic care at the time it was submitted to Utilization Review. The patient has now been seeing an orthopedic spine surgeon, and a trial of chiropractic care was recommended, but eighteen sessions were requested for the "trial". This was not certified in Utilization Review, and in appeal, the request remains for an eighteen sessions session trial in efforts to avoid surgery or interventional procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 CHIROPRACTIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,308.

Decision rationale: Guidelines do support chiropractic treatment as an option early in care for acute injury or for acute flare-ups, but do not support chronic elective/maintenance chiropractic care. In chronic injury, a time limited course may be considered to help facilitate and specific and identified functional/objective goal. In this case, the patient has had extensive treatment, including multiple physical therapy, but has not had any chiropractic care. A "trial" of chiropractic treatment is requested to see if the patient can avoid surgery and interventional procedures, but the amount requested for the trial is eighteen sessions. Guidelines recommend a trial be three to six sessions. While a trial that is consistent with the guideline recommended duration of a trial, there is no medical necessity for certification of eighteen sessions of chiropractic therapy at this juncture of the case.