

Case Number:	CM13-0046479		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2012
Decision Date:	04/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational 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 patient is status post and injury sustained on 1/5/12. The patient presented on 9/12/13 with pain in the knees and sometimes to the low back. Examination revealed limited lumbar range of motion and tenderness over the L4-5 musculature. Diagnostic impression included lumbar strain/sprain. There is documentation of a 10/23/13 adverse determination where a trial of six sessions of chiropractic care were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES A WEEK TIMES 6 WEEKS FOR THE LUMBAR SPINE:

Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Guidelines states that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. 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 progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. A trial of 6 sessions is recommended for the low back. However, the request is for 12 sessions, which exceeds guideline recommendations. While a trial of six sessions may be medically indicated, the request as submitted for 12 sessions is not medically necessary.