

Case Number:	CM13-0048484		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2013
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic 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 physician 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:

Patient is a 24-year-old female who is injured on May 7, 2013. She was seated in the backseat of a vehicle that was broadsided in intersection. Her job at the time of injury was working as a babysitter. She was transported to the hospital where she was evaluated and released. She initiated chiropractic care at an initial care plan of chiropractic in three times a week for 4 to 6 weeks with ordering and MRI scan of the lumbar spine if sharpness of pain persists. Diagnosis that that time was cervical spine sprain strain, thoracic and lumbar myositis, lumbar spine sprain strain. There's a request for authorization on August 20, 2013 by [REDACTED] for 12 visits of chiropractic care with a lumbar MRI, utilization review was performed on August 28, 2013 which authorized the 12 visits chiropractic care and lumbar MRI. There was also a prior utilization review on July 31, 2013 which authorized 12 visits of physical therapy and a lumbar MRI. She was seen by an orthopedic specialist on August 13, 2013, at which point he requested continued chiropractic care and authorization for lumbar and cervical MRI scan. There was a prior utilization review performed on September 17, 2013 for which there was the denial of 18 visits of chiropractic care and there is the medical record shows a follow-up IMR related to that. There is a request for authorization dated September 5, 2013 for chiropractic care three times a week for four weeks with orthopedic consult and MRI scan lumbar spine requested by the chiropractor, and there's a request for authorization on September 27, 2013 for chiropractic care continued at three times a week for four weeks by the orthopedic physician. Reports by the orthopedic physician and chiropractor were reviewed neither one of them commented on the function improvement with prior chiropractic care besides saying it was helpful. Utilization review was performed on October 1, 2013, at which point the request for continued Recommend two times a week for four weeks between September 27, 2013 in November 14, 2013 was found to be noncertified. Utilization review cited that prior chiropractic care of 12 visits was

authorized in August 2013 and there is no medical evidence in the medical reports/records to show any functional improvement that would allow additional visits to be authorized. IMR was then initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST TO CONTINUE CHIRO 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic guidelines, Lumbar and cervical.

Decision rationale: In this case of 24-year-old female was involved in a motor vehicle crash. She initially was treated at the hospital and then she undertook chiropractic care for least 12 visits. She underwent MRI studies of the lumbar spine which revealed a disc bulge in the lumbar spine at L5-S1. She underwent orthopedic consultation. There is a request made for additional 12 visits of chiropractic care at three times a week for four weeks. Utilization review noncertified this request, as a medical record did not show functional improvement from the prior 12 visits that were authorized in August 2013. The California pain medical treatment guidelines for manual therapy and manipulation site that for low back issues a trial of six visits over two weeks can be recommended in with objective functional improvement additional visit to 18 visits over 6 to 8 weeks can be considered. ODG chiropractic guidelines for the low back also recommend similar care. ODG covered guidelines for the cervical spine especially in cases of whiplash associated disorders, with moderate level of injury per the [REDACTED], a trial of 7 to 10 visits over to three weeks and with functional improvement up to 20 visits over 6 to 8 weeks. In this case, with the initial 12 visits of chiropractic care, it has not been demonstrated the functional improvement has been obtained by the patient. This is not saying additional chiropractic and may not be necessary for this patient, but before additional visits can be authorized functional improvement needs to be demonstrated. Medical necessity for additional 12 visits chiropractic care at three times a week for four weeks has not been met.