

Case Number:	CM13-0051307		
Date Assigned:	06/27/2014	Date of Injury:	03/08/1989
Decision Date:	08/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/14/2013

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:

The injured worker is a 70-year-old male who reported an injury on 03/08/1989 secondary to falling. The injured worker was evaluated on 09/19/2013 for reports of neck and low back pain. The examination notes indicated the physical examination was unchanged. The treatment plan included chiropractic care. The request for authorization was undated; however, it was provided with the documentation. The rationale for the request was not provided in the chart notes or the Request for Authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 10 Visits; Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation and Therapy Page(s): 58-60.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines may recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The guidelines also recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement for a total of 18 visits over 6 to 8 weeks. The clinical information submitted for

review does indicate the injured worker's pain is managed well with Naproxen. Therefore, there is a significant lack of an exhaustion of conservative care measures, such as Non-steroidal anti-inflammatory drug (NSAIDs), as the clinical notes indicate the NSAIDs are effective in managing the injured worker's pain levels. Furthermore, the request exceeds the number of sessions allowed in the trial phase of therapy. In addition, the injured worker's functional levels were not indicated in the documentation provided to show evidence of functional deficits to warrant therapy at this time. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.