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| Case Number: | CM13-0054422 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/18/2013 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 licensed Chiropractor, and is licensed to practice in Texas. 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 32-year-old male who reported an injury on 07/18/2013. The mechanism of injury was due to heavy lifting. The injured worker's diagnosis is sprains and strains of unspecified parts of the back. The documentation of 11/06/2013 revealed the injured worker completed 6 sessions of chiropractic care. The request was made for an additional 12 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: ACOEM Guidelines indicate that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy; however, there is a lack of documentation indicating the quantity of sessions that are recommended. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a trial of 6 visits over 2 weeks is appropriate for severe back pain. With evidence of objective functional improvement,

there can be a total of up to 18 visits. The clinical documentation submitted for review indicated the injured worker had participated in 6 visits of chiropractic care; however, there was a lack of documentation of objective functional improvement. The request for 12 additional sessions without intermediate reassessment would be excessive. Given the above, the request for chiropractic treatment for the lumbar spine, 12 sessions is not medically necessary.