

Case Number:	CM13-0056570		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2008
Decision Date:	05/02/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Chiropractic Medicine, 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 54-year-old male who reported an injury on January 18, 2008. The mechanism of injury was not provided. The injured worker is diagnosed with chronic exacerbation of pain, lumbar disc bulge, and lumbosacral radiculitis. The injured worker was seen by [REDACTED] on November 4, 2013. The injured worker reported lower back pain with radiation to bilateral lower extremities. Physical examination revealed decreased lumbar range of motion, positive Kemp's testing, positive straight leg raising, tenderness across the lumbosacral region, and tenderness at the sacroiliac joints bilaterally. Treatment recommendations included chiropractic mobilization adjustment to the lumbar spine, sacrum, and sacroiliac joints at a frequency of 4 sessions over the next 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 CHIROPRACTIC VISITS OVER 4 WEEKS AT THE FREQUENCY OF 1 VISIT PER WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. For recurrence or flare ups, after a re-evaluation of treatment success and if the patient has returned to work, Guidelines allow for one to two visits every four to six months. The current request for 4 sessions of chiropractic therapy, once per week, exceeds Guideline recommendations. Although it is noted that the injured worker has reported improvement following previous chiropractic therapy, there is no objective evidence of functional improvement. There was also no specific body part noted in the current request. The request for chiropractic visits, once per week for four weeks, is not medically necessary or appropriate.