

Case Number:	CM13-0056839		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2012
Decision Date:	03/31/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/23/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The patient reported an injury on 06/28/2012. The mechanism of injury was not provided. The diagnoses were noted to include disc herniation of the lumbar spine and nerve root compromise of the lumbar spine. The patient was noted to have no change in symptoms since the last office visit. The request was made for chiropractic therapy 2 times a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for chiropractic therapy 2 times a week for 6 weeks for the lumbar spine:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: California MTUS Guidelines indicate that manual therapy is appropriate for musculoskeletal pain. There is a recommendation initially for a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The clinical

documentation submitted for review indicated the patient had prior chiropractic care. There was a lack of documentation indicating the quantity of visits the patient had participated in. There was a lack of legible documentation indicating the patient's objective functional response to the prior therapy. The patient had no change in signs and symptoms since the last visit per submitted documentation. Given the above, the request for chiropractic therapy 2 times a week for six weeks for the lumbar spine is not medically necessary.