

Case Number:	CM13-0058126		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2013
Decision Date:	03/20/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 licensed in Chiropractic, has a subspecialty in Chiropractic Sports Medicine 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 29 year old female who was injured on 5/4/2013. She injured her upper, mid and low back. She initially went to the emergency room where an exam, thoracic and lumbar spine x-rays were completed and was given medications. On 5/7/13 she was sent by her employer to a urgent care facility where she received an exam, pain medications and work restrictions of no lifting, pushing, pulling more than 10 lbs with occasional bending and squatting. The medical doctor requested 6 sessions of physical therapy with follow up care every 2 to 3 weeks. On last visit 6/20/13 the work restrictions were no lifting, pushing, pulling or 25 lbs. The injured worker has been on TTD and modified work duty since the accident. The thoracic and lumbar spine x-rays were negative. No MRI's or EMG/NCV's were in the records. On 7/19/13 a range of motion exam using an inclinometer device revealed a impairment rating 1% to the thoracic spine and 6% to the lumbar spine with a whole person impairment of 7%. The treatment consisted of exercises, medications and 6 physical therapy visits to date. As of 11/11/13 , no chiropractic treatment has been given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for the thoracic and lumbar spine (12 sessions): Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The request for 3 chiropractic visits per week over 4 weeks for a total of 12 visits is not in accordance with the MTUS Guidelines, therefore the request for 12 chiropractic visits are denied.