

Case Number:	CM13-0059749		
Date Assigned:	12/30/2013	Date of Injury:	09/09/2011
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 47-year-old female who reported an injury on 09/09/2011. The mechanism of injury was a slip and fall. The diagnosis included sprain of the thoracic region. The documentation of 10/22/2013 revealed the injured worker had mood swings and rarely had moments of happiness. The request was made for a psych evaluation, TENS unit trial, continued medications including Norco and Soma and 6 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions twice a week for three weeks: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by a musculoskeletal condition. For the low back, therapy is recommended initially with a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The clinical documentation submitted for review indicated the injured worker reported injury on 09/09/2011.

There was a lack of documentation of prior treatments and the injured worker's response to those prior conservative care treatments. The request as submitted failed to indicate the body part to be treated. Given the above, the request for Chiropractic sessions twice a week for three weeks is not medically necessary.