

Case Number:	CM13-0060536		
Date Assigned:	12/30/2013	Date of Injury:	05/26/1989
Decision Date:	03/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 Care and Acupuncture 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 claimant is a 64 year old female who sustained a work related injury on 5/26/1989. The claimant's primary diagnoses are thoracic/lumbosacral neuritis/radiculitis and lumbar sprain/strain. She complains of low back, neck, and upper back pain. Per a PR-2 dated 11/12/13, the claimant complains of constant burning pain in the low back that is worse on the left. She has pain down both legs and the toes are numb. There is numbness and tingling in the 4th and fifth fingers bilaterally. She also has left shoulder blade pain and restricted lumbar range of motion. She has had 20 chiropractic treatments in 2013. Her last four chiropractic sessions were rendered from 9/23/2013-10/14/2013. There appears to be no functional improvement and certain areas such as the mid back and foot are getting worse with treatment. There is a recommendation for injections and facet mediated branch blocks if chiropractic is not effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for six chiro/physiotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, 1-2 chiropractic visits every 4-6 months can be medically necessary for documented flare-ups if prior functional improvement has been documented. There is also no documentation on functional improvement from the last four chiropractic sessions and some areas even deteriorated with treatment. Also the claimant has had 4 chiropractic sessions within two months of the current request. Guidelines do not recommend chiropractic for maintenance care and provider should consider recommendations for other forms of care. Therefore six further chiropractic treatments are not medically necessary.