

Case Number:	CM13-0061955		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2012
Decision Date:	04/01/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 patient is a 34-year-old male who reported an injury on 08/06/2012. The mechanism of injury was not provided for review. The patient's treatment history included medications, physical therapy, and chiropractic care. The patient's most recent clinical evaluation documented that the patient had full lumbar flexion. However, it was painful in all planes. The patient had a bilateral negative straight leg raising test, and a bilateral negative Kemp's test with tenderness to palpation along the paraspinal musculature with palpable muscle spasming. The patient's diagnoses included lumbar disc disease with symptom exacerbation, chronic lumbar strain with flare-up, thoracic disc disease, and thoracic strain. The patient's treatment plan included 4 chiropractic treatments, continuation of medications, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic sessions for the lumbar spine (4 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 & Manipulation Page(s): 58.

Decision rationale: The requested additional chiropractic sessions for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends chiropractic care for acute exacerbations for approximately 1 to 2 visits if a return to work is achieved. The clinical documentation submitted for review does provide evidence that the patient has previously received chiropractic care with functional benefit. It is noted within the patient's most recent clinical documentation that the patient has had an acute exacerbation of the patient's chronic lumbar pain. It is also noted within the documentation that the patient is working with modified work duties. The requested 4 additional visits exceed the recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested additional chiropractic sessions for the lumbar spine is not medically necessary or appropriate.