

Case Number:	CM13-0064238		
Date Assigned:	01/03/2014	Date of Injury:	08/23/2005
Decision Date:	06/04/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 patient, a male born on November 9, 1967, experienced an industrial injury on August 23, 2005. Diagnoses relative to the disputed issue were noted as 724.2 (lumbago), 724.4 (unspecified thoracic or lumbosacral neuritis or radiculitis), and 719.45 (pelvic and thigh region pain). The patient was permanent and stationary with restrictions per AME May 25, 2011. A trial of chiropractic treatment was certified on April 3, 2013, but no chiropractic clinical documentation was submitted for this review. Submitted records report the patient presented for follow-up evaluations with [REDACTED], on January 17, March 28, April 8, May 22, July 16, August 13, September 11, November 7, and December 10, 2013 for essentially unchanged ongoing lower back complaints. On 01 January 17, March 28, April 8, September 11, and November 7, 2013, [REDACTED] requested twelve sessions of chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 weeks- Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports a six visit trial of manual therapy and manipulation over two weeks in the treatment of chronic pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to eighteen visits over six to eight weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then one to two visits every four to six months. A trial of chiropractic treatment was certified on April 3, 2013. There is no documentation reporting evidence of objective functional improvement or record of treatment success with prior chiropractic care, and there is no evidence of an acute flare-up. The request for chiropractic care for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.