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| Case Number: | CM13-0064455 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/20/2013 |
| Decision Date: | 03/27/2014 | 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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor 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 physician 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 was injured on 05/20/2013 while stocking plastic containers which usually weight only 2-3 pounds, carrying them up a ladder about 6-7 steps, a total of eight feet high when the ladder became off balance and eventually she lost her balance and fell. Prior treatment history has included 12 visits of chiropractic care, 6 acupuncture treatments, PT session. She denied benefit with the acupuncture care. Medications have included naprosyn. Diagnostic studies reviewed include MRI performed 10/28/2013 revealed a 2 to 3 mm posterior L5-S1 disc protrusion was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional chiropractic visits over weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index

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

Decision rationale: As per the CA MTUS guidelines, chiropractic treatment is indicated to provide subjective or objective functional improvement. There is not sufficient evidence in the

documentation that the patient's condition was improving with the prior course of chiropractic treatment. The patient continues to work with the same limitations for the past three months. Per the CA MTUS guidelines, chiropractic care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The patient continues to complain of pain, which is not improving. Further, there is a lack of functional improvement in the clinical documentation provided, therefore the request for 6 additional chiropractic visits are not authorized.