

Case Number:	CM13-0068241		
Date Assigned:	01/03/2014	Date of Injury:	09/14/2010
Decision Date:	05/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery 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 66-year-old gentleman who sustained injuries in a motor vehicle accident on September 17, 2010. The records provided for review included a September 25, 2013 clinical assessment by [REDACTED] noting continued complaints of discopathy at the lumbosacral spine with objective findings showing tenderness to palpation, spasm, and restricted range of motion. Medications were refilled at that time including Prilosec, Fluocet, and topical agents. There were recommendations for continuation of physical therapy, chiropractic myofascial sessions and acupuncture. No imaging reports were provided for review. The records documented that the claimant has undergone numerous sessions of chiropractic management since time of injury. There is no indication of prior surgical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic myofascial treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines Manipulation and Mobilization.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continuation of chiropractic care cannot be recommended as medically necessary. According to the Chronic Pain Guidelines, for the lumbar spine, chiropractic care can be utilized for up to eighteen sessions over a six to eight week period of time. In this individual, it is noted that he has undergone a significant course of previous chiropractic care with current clinical examination demonstrating ongoing complaints of pain with no documentation of functional improvement. The ongoing need for this modality at this chronic stage in the claimant's clinical course without documentation of benefit or improvement in function cannot be supported as medically necessary.