

Case Number:	CM13-0069104		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2012
Decision Date:	04/01/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic Services, 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 29-year-old male who was involved in a work injury on 9/28/2012. The injury was described as the claimant "grabbed and lifted the top 40-pound box from a stack and as he turned around he felt a blow to his back. The blow caused him to lose his balance and lose control of the box he was carrying, and he fell forward landing on his knees." The claimant noted lower back pain. On 11/1/2012 the claimant underwent an initial evaluation with [REDACTED]. The recommendation was for radiographic evaluation, chiropractic treatments, and medication. On 12/6/2012 the claimant underwent a chiropractic examination and began a course of 12 chiropractic treatments for the diagnoses of thoracic and lumbar sprain/strain. A re-examination was performed on 1/3/2013. A request for 12 sessions of physical therapy and 12 sessions of acupuncture was submitted. On 1/31/2013 [REDACTED] was authorized 4 sessions of acupuncture, medication, and noncertified physical therapy. On 8/8/2013 a request for 6 chiropractic treatments was submitted. This request was certified by the claims adjuster on 8/12/2013. The claimant received 6 treatments from 8/21/2013 through 9/26/2013 at which time a chiropractic reevaluation was performed. The claimant noted pain levels of 5-6/10 on the visual analogue scale. The recommendation was for 6 additional chiropractic treatments. On 10/30/2013 a request for 6 chiropractic treatments was submitted. This was denied by peer review on 11/22/2013. The rationale was that there was an absence of chiropractic treatment notes which "identify specific and sustain functional benefit from care." The purpose of this review is to determine the medical necessity for the previously denied 6 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the thoracic spine and lumbar spine (6 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The claimant initially underwent a course of 12 chiropractic treatments from 12/6/2012 through 1/3/2013. There was no evidence of significant change in the claimant's condition. Pain levels remained at 5-6/10. The claimant returned in August 2013 complaining of back pain at 6/10 on the visual analogue scale. The claimant received 6 additional treatments through 9/26/2013. At that time the claimant continued to note pain at 5-6/10 on the visual analogue scale. There was no evidence of subjective improvement. With respect to functional improvement the submitted documentation was absent of functional improvement as noted on the activities of daily living questionnaire. Therefore, given the absence of documented functional improvement as a result of the treatment rendered to date, the medical necessity for the requested 6 additional chiropractic treatments was not established.