

Case Number:	CM13-0072283		
Date Assigned:	01/17/2014	Date of Injury:	03/17/2012
Decision Date:	04/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine & Rehabilitation 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 is a 22-year-old female with date of injury of 03/13/2012. The listed diagnoses per [REDACTED] dated 09/17/2013 are: Thoracic spine strain with decrease in disk space height at T5-T6 and T6-T; Lumbar strain with facet arthropathy at L5-S1. According to the progress report dated 12/06/2013, the patient presents with back pain. She notes tenderness to palpation over the lumbar spine. Objective findings show lumbar range of motion is 40 degrees flexion, 10 degrees extension, right side flexion is 20 degrees, and left side flexion is 15 degrees. The treater is requesting 8 additional chiropractic therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC THERAPY VISITS FOR THE LUMBAR, 2 TIMES PER WEEK FOR 4 WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: This patient presents with back pain. The treater is requesting 8 chiropractic therapy for the lumbar spine. The MTUS Chronic Pain Guidelines page 50 and 59 on chiropractic treatments states that it is recommended for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks is recommended and with evidence of functional improvement up to a total of 18 visits over 6 to 8 weeks. Records show that the patient has received 6 chiropractic treatments thus far. A progress report dated 08/21/2013 that the patient has completed her chiropractic care without significant relief. In this case, the patient has already received 6 initial chiropractic treatments without significant functional improvement or benefit. It is not certain why the treater is requesting additional visits when it has not worked. The request is not medically necessary and appropriate.