

Case Number:	CM14-0001320		
Date Assigned:	01/22/2014	Date of Injury:	03/01/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 Care and is licensed to practice in Texas. 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 injured worker is a 44-year-old male who reported an injury on 03/01/2012. The mechanism of injury involved a motor vehicle accident. The injured worker is currently diagnosed with cervical strain, left shoulder adhesive capsulitis, lumbar strain, and myofascial pain. This is a retrospective request for the 36 sessions of chiropractic therapy administered between 03/11/2013 and 11/26/2013. The injured worker was evaluated on 06/19/2013. It is noted that the injured worker had participated in chiropractic therapy for the lower back as well as TENS therapy and physical therapy. Physical examination at that time revealed paravertebral tenderness on the right side of the cervical spine, full range of motion of the lower back, and positive paravertebral tenderness in the mid to lower lumbar spine. Treatment plan at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE THIRTY-SIX (36) CHIROPRACTIC VISITS (3/11/2013 - 11/26/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY AND MANIPULATION Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. There was no documentation of objective functional improvement as a result of the ongoing chiropractic therapy. Therefore, additional treatment would not fall within guideline recommendations. The current request for 36 sessions of chiropractic therapy greatly exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the Retrospective Request for Thirty Six (36) Chiropractic Visits between (3/11/13 and 11/26/13) is not medically necessary and appropriate.