

Case Number:	CM14-0002100		
Date Assigned:	03/03/2014	Date of Injury:	08/23/2013
Decision Date:	06/16/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 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 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 37 year old female who reported an injury on 08/23/2013 secondary to fall. The diagnoses included cervical sprain/strain and lumbar sprain/strain. The injured worker was evaluated on 12/02/2013 for reports of intermittent mild neck pain and moderate low back pain radiating to the left lower extremity with numbness and tingling noted. The exam noted 3+ tenderness to palpation in the cervical region with flexion at 45 degrees, extension at 55 degrees and left and right lateral bending at 45 degrees, and there was pain noted with shoulder depression. The range of motion of the lumbar spine was flexion at 40 degrees, extension at 15 degrees, left and right lateral bending at 20 degrees and Kemp's causes pain bilaterally. The treatment plan included chiropractic treatment. The request for authorization dated 12/02/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR 2-3 TIMES PER WEEK FOR 4-6 WEEKS / 18 VISITS LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL MANIPULATION AND THERAPY Page(s): 58-60.

Decision rationale: The request for chiropractor 2-3 times per week for 4-6 weeks 18 visits lumbar spine is non-certified. The Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The guidelines also recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no evidence of trial of 6 visits over 2 weeks, with evidence of objective functional improvement in the documentation provided. The request also exceeds the total number of sessions allowed. Therefore, based on the documentation provided, the request is not medically necessary.