

Case Number:	CM14-0003735		
Date Assigned:	01/31/2014	Date of Injury:	06/07/2013
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 Licensed in Chiropractic 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 an employee [REDACTED] who has submitted a claim for low back pain from an associated industrial injury date of June 07, 2013. Treatment to date has included 24 sessions of chiropractic care. Medical records from 2013 were reviewed showing low back pain and numbness at both legs. On physical examination, tenderness was noted on the cervical, thoracic and lumbar spine. Sensation to light touch on the left ankle was diminished. MRI of the lumbar spine done on August 1, 2013 showed multi-level disc bulge from L1-S1, mild facet arthropathy from L5-S1 and subcutaneous 2cm cyst within the midline back at the level of S1. Utilization review from December 23, 2013 denied the request for Chiropractic Treatment 2x/week for 6 weeks because the patient already had 24 sessions of chiropractic treatment while the guideline only recommends 18 sessions. Maintenance care is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2X/WEEK FOR 6 WEEKS: 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 Page(s): 58.

Decision rationale: According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines with the evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. Likewise, elective/maintenance care is not medically necessary. In this case, the patient already had 24 sessions of chiropractic treatment that is beyond what the guideline recommends. In addition, the records reviewed do not document functional improvements from the completed chiropractic visits. Therefore, the request for Chiropractic Treatment 2x/week for 6 weeks is not medically necessary.