

Case Number:	CM14-0004300		
Date Assigned:	02/05/2014	Date of Injury:	04/05/2010
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/11/2014

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 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 female with a date of injury on April 5, 2010. The patient's date of birth is not reported, but documentation dated December 27, 2013 reports the patient was a 60-year-old female. The mechanics of the injury were not reported. The patient had been approved on April 18, 2013 for six chiropractic treatment sessions. On August 15, 2013, the patient underwent orthopedic Panel QME re-evaluation. She continued to work her job as a technical assistant, which is a clerical job, and she was diagnosed with chronic lumbosacral sprain/strain. On November 27, 2013 the patient underwent physical medicine reevaluation, without record of comparative measured subjective or objective clinical data reported, she was diagnosed with chronic lumbosacral musculoligamentous sprain/strain with a history of increased symptoms (no comparative subjective data was reported), and there was a request for chiropractic manipulative therapy at a frequency of 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO (X8): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, PAGE 58-59

Decision rationale: On April 18, 2013 the patient had been approved for six chiropractic treatment sessions. The Chronic Pain Medical Treatment Guidelines supports a six visit trial of manual therapy and manipulation over two weeks in the treatment of chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to eighteen visits over six to eight weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then one to two visits every four to six months. The patient had been approved for six chiropractic treatment sessions on April 18, 2013. The submitted documentation does not provide evidence of objective functional improvement with care rendered during the six visit treatment trial approved on April 18, 2013. Elective/maintenance care is not supported to be medically necessary. The submitted clinical records do not provide evidence the patient has experienced a recurrence/flare-up. Therefore, the request for eight chiropractic sessions is not supported be medically necessary. Additionally, the request for eight chiropractic treatment sessions exceeds MTUS guideline recommendations, whether it is relative to initial care or relative to care in response to a recurrence/flare-up. The request for eight sessions of chiropractic care is not medically necessary or appropriate.