

Case Number:	CM14-0009023		
Date Assigned:	02/12/2014	Date of Injury:	05/22/2013
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 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 47-year-old female who reported an injury on 05/22/2013 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/09/2013 for reports of extreme pain to the left foot. The exam noted the thoracolumbar range of motion to be at 60 degrees for flexion, 20 degrees for extension, 22 degrees for left lateral bend, 22 degrees for right lateral bend, 24 degrees for left rotation, and 25 degrees for right rotation. The exam also noted positive Kemp's test bilaterally and tenderness to the left sciatic region. The diagnoses are illegible and difficult to read. The request for authorization was not found in the documentation provided. There was also a lack of rationale for the request of the chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) CHIROPRACTIC TREATMENT SESSIONS FOR THE LUMBAR SPINE, BETWEEN 12/27/2013 AND 2/10/2014: 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 Chronic Pain Medical Treatment Guidelines Manual Manipulation and Therapy Page(s): 58-60.

Decision rationale: The California MTUS Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The MTUS guidelines also recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. There is no evidence of exhaustion of conservative measures such as non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy in the documentation provided. Furthermore, the time frame for the completion of these sessions is not specified. Therefore, based on the documentation provided, the request is non-certified.