

Case Number:	CM14-0009833		
Date Assigned:	02/21/2014	Date of Injury:	03/11/2013
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 41-year-old female who sustained an injury to her low back on 03/11/13 when she was bending down while working on an order, two boxes fell, hitting her in the back of the head. The injured worker was referred to pain management on 12/12/13 and reported pain in the low back at 6-8/10 VAS. The injured worker was diagnosed with with lumbosacral sprain/strain with radiculopathy and recommended for chiropractic manipulation treatment at a frequency of three times a week times four weeks. It was noted that the patient benefited from this treatment and was authorized to undergo additional courses of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT INITIAL CHIROPRACTIC TREATMENT THREE TIMES A WEEK TIMES FOUR WEEKS FOR THE LUMBAR SPINE:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for outpatient initial chiropractic treatment three times a week times four weeks for the lumbar spine is not medically necessary. The previous request was

denied on the basis that the injured worker should have been approved for a six visit clinical trial to assess for objective functional improvements before additional visits would be authorized. The CAMTUS states that an initial trial of six visits over two weeks with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be authorized. Given the clinical documentation submitted for review, medical necessity of the request for outpatient initial chiropractic treatment three times a week times four weeks for the lumbar spine has not been established. The request is not medically necessary and appropriate.