

Case Number:	CM14-0102604		
Date Assigned:	07/30/2014	Date of Injury:	08/28/2013
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 presented with a date of injury of 8/28/13. A utilization review determination dated 6/20/14 recommends non-certification of chiropractic therapy. It noted that 12 prior chiropractic sessions were completed and the 1/17/14 medical report identified that it only helped a little. 6/5/14 medical report identifies low back pain 5/10 radiating to the left and right buttocks. Patient saw a chiropractor in the past with improvement noted. On exam, there is ROM limited by pain, spinous process tenderness, and knee flexor weakness 4/5 on the left. The provider noted that the patient benefitted from chiropractic therapy with a reported decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy ,quantity 6: 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): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic therapy, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits

over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, the patient is noted to have undergone prior chiropractic treatment. There is, at best, some pain improvement noted with prior treatment, but there is no documentation of any objective functional improvement as required by the guidelines prior to additional treatment. In the absence of clarity regarding the above issues, the request for chiropractic therapy, quantity 6 is not medically necessary and appropriate.