

Case Number:	CM14-0104873		
Date Assigned:	07/30/2014	Date of Injury:	10/08/2013
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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 a 42-year-old male born on [REDACTED]. On 10/08/2013, while working as a maintenance and construction worker with the [REDACTED], he was working in a 30-inch trench installing concrete forms, and the trench gave way causing him to fall and land on his buttocks. The physician's PR-2 of the 05/07/2014 is completed in very difficult to decipher handwritten script. The patient continued with low back pain. The objectives appear to indicate paravertebral muscle guarding, spasms, positive left SI stress, positive left Yeoman, positive left Gaenslen, and ROM noted as 44/16/14/19. Diagnoses were reported as lumbar sprain/strain, lumbosacral neuritis or radiculitis, thoracic sprain/strain, status post contusion, and sacrum/coccyx fracture. The provider requested authorization for chiropractic care at a frequency of 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic treatment visits for the lumbar spine at a frequency of 2 visits per week for 6 weeks (12 total visits) is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation 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 18 visits over 6-8 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 1-2 visits every 4-6 months. No chiropractic clinical documentation was provided for this review. The request for chiropractic visits at a frequency of 2 visits per week for 6 weeks (12 total visits) exceeds guidelines recommendations for a trial of up to 6 visits over 2 weeks and is not supported. There is no documentation of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for chiropractic treatment visits at a frequency of 2 visits per week for 6 weeks (12 total visits) exceeds MTUS recommendations and is not supported to be medically necessary.