

Case Number:	CM14-0010270		
Date Assigned:	02/21/2014	Date of Injury:	07/31/2012
Decision Date:	07/16/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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:

This is a 60 year-old patient with date of injury on 7/31/12. Injured while changing merchandise on a shelf, and while going to get the phone, she tripped on boxes on the floor, and fell onto the knees and elbows. The patient was placed on modified duty and had acupuncture and aquatic therapy. The 1/10/14 determination was initially for chiropractic care 2x3, a modified certification was rendered to include chiropractic care x 4 sessions. It was noted that according to [REDACTED], in a peer-to-peer teleconference on behalf of [REDACTED], the patient finished her second treatment which seemed to help manage her pain. She was able to sit essentially pain free after the 2 sessions. The determination also states that the provider agreed to modify the request to four sessions of chiropractic treatments, two times a week for two weeks. The 2/14/14 progress report by [REDACTED] identified a 5/10 pain level. The patient had a flare-up of low back pain since about 11/5/13. The patient was referred to acupuncture, which was somewhat helpful. A lumbar steroid injection was also performed. The patient was then referred to chiropractic care with some improvement. Examination revealed difficulty with heel walk on the left and diminished sensation in the distribution of the left L5 nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient had 2 sessions of chiropractic manipulation with reduction in pain. The specific increase in function is not clearly documented. CA MTUS Guidelines recommend an initial trial of 6 sessions after which an appropriate evaluation of functional improvement can be done. The above listed issue of chiropractic 2x3 is in excess of guidelines recommendations for an initial trial.