

Case Number:	CM14-0011241		
Date Assigned:	02/21/2014	Date of Injury:	08/20/2013
Decision Date:	07/15/2014	UR Denial Date:	01/08/2014
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 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:

Clinic note dated 12/13/2013 states the patient complaining of lumbar spine. She rates her pain as 6/10. She states that it never goes lower than 5/10, and she describes that her core is weak. The patient denies any numbness and tingling radiating down either leg today. On exam, she has an upright posture and a non-antalgic gait. There is reduced range of motion exhibiting flexion to 30 degrees; extension to 15 degrees; and right and lateral flexion are 20 degrees. The patient has negative heel-to-toe walk. The patient is diagnosed with lumbar spine sprain/strain, left knee sprain/strain which is resolved, and left fifth finger contusion, resolved. The treatment and plan includes a request for authorization for additional courses of chiropractic and physiotherapy for a total of 6 more sessions, 2 times per week for 3 weeks. Orthopedic evaluation dated 02/01/2014 reports the patient presents today with lumbar spine pain rated at a 6.5/10, the left knee is a 2/10 and the left hand is a 2/10 on the subjective pain scale. The activities that hurt the most are repeated stooping, getting up from a bent position, repeated bending and sitting too long. Prior UR dated 07/2014 states the request for 6 sessions of chiropractic manipulation is non-certified as there are no objective findings to support functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) CHIROPRACTIC MANIPULATION SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: As per CA MTUS guidelines, chiropractic treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The current request is for an additional 6 visits of chiropractic treatment. The records reviewed did not show objective functional improvement. MTUS Chronic Pain Medical Treatment Guidelines state: "Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Therefore, the request for 6 chiropractic manipulation sessions is not medically necessary.