

Case Number:	CM14-0015090		
Date Assigned:	02/28/2014	Date of Injury:	05/04/2012
Decision Date:	06/27/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/06/2014

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 care 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 55 year old male who was injured on 05/04/2012 while removing a 15 inch metal piston from compressor engine by applying force with a special tool attached to a crane, when he fell back on the platform and landed in a supine position. He felt stiffness to his neck and back. Medication treatment includes Norco and ibuprofen. Progress report dated 09/25/2013 documented the patient with complaints of intermittent pain in the neck and both shoulders. He reports constant pain in the low back with soreness in the right testicle and both buttocks. Objective findings on exam reveal there is tenderness along the cervical paraspinal muscles and sacroiliac joints. He has a left antalgic gait. Straight leg raise test is positive on the left. Treatment Plan: Chiropractic therapy to lumbar spine 3x4. UR report dated 01/06/2014 did not certify the request for chiropractic treatment. Administrative notes on the claim indicate that the claims examiner has already authorized 6 chiropractic visits. The patient needs to complete those sessions prior to considering any additional chiropractic treatment. No additional chiropractic therapy will be recommended without documentation of objective functional improvement without reaching a plateau.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC (UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION, ,

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, Low back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. The records document this patient has already been approved for his initial 6 treatments of chiropractic care. There is no documentation in the records as to whether the patient has completed these initial 6 visits, nor is there any documentation as to any specific measurable objective or subjective functional improvements which may have occurred resulting from this initial course of treatment. Decision for chiropractic sessions, unspecified is not medically necessary.