

Case Number:	CM14-0015391		
Date Assigned:	02/28/2014	Date of Injury:	04/23/2001
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
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 and is licensed to practice 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 57 year old male who was injured on 04/23/2001. Mechanism of injury is unknown. There are no subjective and/or objective medical records submitted for review. The only record submitted was a PR-2 dated 01/31/2014 which only documented the diagnoses of lumbar pain and left/right SI joint pain. The UR reports dated 01/30/2014 denied the request for 6 office visits with a chiropractor. The records indicate the claimant has had an increase in pain level for increased periods of time with chiropractic manipulation thus far. Given the clinical documentation submitted for review, medical necessity of the request has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 OFFICE VISITS WITH A CHIROPRACTOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipu.

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

Decision rationale: Manual therapy 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 the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There no subjective or objective documentation within the record, to support the need for treatment other than patients complaint of pain. There is no clear goal stated by provider which would outline expected measurable improvements in functional capacity nor was there any documentation as to what functional capacity was lost as a result of diagnosed lumbar sprain. Additional, (per CTMUS, 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.