MAXIMUS Federal Services

Case Number:	CM14-0015726		
Date Assigned:	02/28/2014	Date of Injury:	05/06/2013
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The patient is a 66 year old male who was injured on 05/06/2013. The patient was involved in a hit and run accident while working. A re-evaluation note dated 01/07/2014 states the patient had acupuncture and chiropractic treatments which were helpful but he reports sometimes it helps and sometimes it does not help. Overall, his symptoms have been manageable and tolerable. The patient is recommended to continue to chiropractic and acupuncture treatment once a week for twelve weeks each. Office visit dated 12/18/2013 reports the patient explained has been feeling the same since his last office visit. The patient rated the pain of his neck at 3/10, upper back a 2/10; and low back a 5/10 (this is unchanged since 11/01/2013). After his treatment, the patient stated that he felt slightly better. He had been advised to return for his next treatment in two days. The prognosis for the patient is fair because the patient is experiencing mixed results to chiropractic therapy (This is unchanged since 11/01/2013).Prior UR dated 01/27/2014 states the request for 12 chiropractic therapy sessions for the lumbar spine is non-certified as there is no evidence documenting functional improvement with prior treatments of chiropractic therapy and medical necessity has not been not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTOR THERAPY SESSIONS FOR LUMBAR SPINE:
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 GUIDLINES, MANUAL THERAPY & MANIPULATION, 58-59

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 MTUS Chronic Pain Guidelines, chiropractic care is recommended for the low back as an option at a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The medical records provided for review reflect this patient has received chiropractic treatment for the diagnosis of lower back pain radiating into both legs, upper back pain, and neck pain. The records reflect there has been no measurable improvement in the patient's functional capacity resulting from his treatments. The records further reflect a lack of any goals outlying what specific measurable improvements in functional capacity this patient will derive by continued chiropractic treatment. Further, there is no documentation in the records as to whether this patient is in transition to a home exercise program. The request is not medically necessary.