

Case Number:	CM14-0016142		
Date Assigned:	04/02/2014	Date of Injury:	04/26/1993
Decision Date:	05/13/2014	UR Denial Date:	12/30/2013
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 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 claimant is a 82-year-old female who was involved in a work injury on 4/26/1993. The mechanism of injury and entire post-treatment history was not available for review. The claimant presented to the office of [REDACTED] on 12/18/2013 complaining of a "severe exacerbation to L/S spine" with pain radiating into the lower extremity. There was "decreased painful and very guarded ranges of motion, difficulty changing positions with weakness and involved lower extremity." The claimant was diagnosed with radicular neuralgia, lumbar disc pathology and sprain/strain of the upper back, neck, and shoulder. The recommendation was for 6 chiropractic treatments. A peer review was performed that resulted in a recommendation for 2 chiropractic treatments. The peer reviewer was unable to speak with the provider. [REDACTED] did not agree with this modification and submitted an IMR request for the 6 treatments. The provider's appeal letter indicated that the "patient does not over utilized by any stretch of the imagination and only has had an exacerbation 1 to 2 times a year and responds extremely well to our conservative care".

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) CHIROPRACTIC TREATMENTS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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 6-8 weeks." The requested 6 treatments are consistent with this guideline. The claimant presented to the provider's office complaining of a severe exacerbation of her chronic lower back complaints. The examination revealed strength deficits, decrease deep tendon reflexes and multiple positive orthopedic tests. Given the clinical findings on examination a course of 6 treatments can be considered appropriate. The appeal letter indicates that the claimant has 1-2 exacerbations per year and responds favorably to the conservative care. Therefore, I recommend certification of the 6 treatments rendered this claimant per the 12/18/2013 request.