

Case Number:	CM14-0111202		
Date Assigned:	09/16/2014	Date of Injury:	02/19/2014
Decision Date:	11/13/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in New York. 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 injured worker is a 51 year old male who reported an injury on 02/19/2014 due to a motor vehicle accident. He is diagnosed with a lumbar and thoracic sprain. His past treatments were noted to include medications, physical therapy, 6 chiropractic visits, a home exercise program, and work restrictions. A chiropractic note, dated 03/05/2014, indicated his lumbar spine was treated and he reported decreased pain and spasms. During a clinical visit on 06/27/2014, he reported continued lower back pain. The objective findings revealed lumbar extension/flexion 10/50, left/right lateral bending 15/20 and motor strength of 5/5 to hip flexion/extension, knee flexion/extension, ankle eversion/inversion, and extensor hallicus longus. There were no current medications provided. The treatment plan was to implement 12 additional visits of chiropractic therapy for the lumbar and thoracic spine to improve function mobility. A Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic treatment for the lumbar and thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 12 sessions of chiropractic treatment for the lumbar and thoracic spine is not medically necessary. For the low back, the California MTUS Guidelines recommend a 6-visit trial of manual therapy over a period of 2 weeks, and with evidence of objective functional improvement after the trial, a total of up to 18 visits over 6-8 weeks may be recommended. For the thoracic region, the guidelines recommend manual therapy 1-2 times per week for the first 2 weeks; treatment may continue at 1 visit per week for the next 6 weeks and care beyond 4-6 visits must have documented objective improvement of function within the first 6 visits. The injured worker was noted to have received 6 visits of chiropractic therapy, however, objective evidence of functional improvement was not provided. Moreover, there was only one chiropractic note submitted showing the lumbar spine was treated and no treatment provided to the thoracic spine. There was no documentation for the 5 subsequent visits to establish the targeted body regions that received therapy, the response to therapy, and any objective evidence of functional status. For the treatment of the low back, there is no supporting documentation to show objective evidence of functional improvement, therefore the request is not supported. In the absence of documentation for the 5 subsequent visits to corroborate that the thoracic spine was not treated, the request for the treatment of the thoracic spine is not supported. As such, the request is not medically necessary.