

Case Number:	CM14-0112093		
Date Assigned:	08/01/2014	Date of Injury:	01/27/2013
Decision Date:	11/05/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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 Chiropractor and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 01/27/2013 after mopping while performing normal job duties. The injured worker reportedly sustained an injury to the lumbar and thoracic spine. The injured worker's treatment history included medications and chiropractic care. Diagnostic studies included an MRI of the lumbar spine and an electrodiagnostic study of the bilateral lower extremities. The injured worker was evaluated on 07/21/2014. It was documented that the injured worker had lumbar spine pain complaints. Physical findings included restricted range of motion of the lumbar spine secondary to pain with tenderness to palpation of the upper mid and lower paravertebral musculature of the thoracic spine. It was noted that the injured worker had patchy decreased sensation in the L5 dermatomal distribution of the bilateral lower extremities. The injured worker's diagnoses included chronic thoracic spine strain, chronic lumbar spine strain, chronic left lumbar radiculopathy and chronic degenerative joint and degenerative disc disease of the thoracic and lumbar spine. A request was made for 12 additional visits of chiropractic care. However, no justification for the request was provided. Additionally, no Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Sessions: Upheld

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

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

Decision rationale: The requested 12 chiropractic care sessions is not medically necessary or appropriate. A review of the clinical documentation indicates that the injured worker has already completed a total of 14 sessions of chiropractic care at the time the injured worker was evaluated. California Medical Treatment Utilization Schedule recommends a maximum treatment duration of 18 visits of chiropractic care for the lumbar spine. The requested 12 visits in combination with the already completed chiropractic care would exceed guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not clearly identify an applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 12 chiropractic sessions is not medically necessary or appropriate.