

Case Number:	CM14-0122542		
Date Assigned:	09/25/2014	Date of Injury:	12/13/2013
Decision Date:	10/27/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family Practice, 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:

38 yr. old male claimant sustained a work related injury on 12/13/13 involving the low back and neck. He was diagnosed with cervical disc degeneration, L4-L5 annular tear, lumbar strain and radiculopathy. He had over 12 sessions combined of soft tissue manipulation, acupuncture, and electrical stimulation soon after the injury. A progress note on 4/25/14 indicated the claimant had 7/10 back pain with numbness in the legs. He had difficulty with daily activities. Exam findings were notable for painful limited range of motion of the lumbar spine. And a positive straight leg raise test bilaterally. The treating physician requested chiropractic treatment 2 times per week for 6 weeks. A subsequent request was made in July 2014 for 6 sessions of chiropractor therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro therapy treatment to the lumbar spine for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: Chiropractic treatment is considered manual manipulation. According to the MTUS guidelines, A- trial of 6 visits over 2 weeks, with evidence of objective functional

improvement, total of up to 18 visits over 6-8 weeks is appropriate. In this case, the claimant received numerous sessions of other forms of manual medicine. In addition, the initial request for 12 session for chiropractic therapy response or completion is unknown. Therefore the request for the 6 sessions above is not medically necessary.