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| Case Number: | CM14-0128455 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 01/26/2012 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 licensed in Chiropractic, has a subspecialty in Pediatric 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 injured worker is a 37 year old individual with an original date of injury of 1/26/12. The mechanism of this industrial injury occurred when the patient was moving a small refrigerator. An MRI on 5/25/14 indicated L3-4 and L4-5 degenerative disk disease with neural foraminal narrowing bilaterally. Diagnoses include muscle spasm, lumbar/back disc herniation and acute exacerbation of chronic low back pain. The patient has received physical therapy, epidural steroid injections, nerve root block injections and medications; however, this was not helpful in relieving the patient's symptoms. At this time, the patient is on regular work status. The injured worker has undergone 60 chiropractic and physical therapy treatments. There is no documented objective, functional improvement related to these treatments. The disputed issue is a request for 8 additional chiropractic treatments. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 x chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY AND MANIPULATIONS Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend chiropractic treatment for chronic pain, with a trial of 6 visits over 2 weeks and up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The patient has already received 60 chiropractic and physical therapy treatments, with insufficient documented objective functional improvement or documented flare-up of the condition to support additional treatment. The request is in excess of the Guidelines therefore, the request is not medically necessary.