

Case Number:	CM14-0131696		
Date Assigned:	08/20/2014	Date of Injury:	08/06/2012
Decision Date:	09/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 42 year old individual with an original date of industrial injury of 8/6/12. The mechanism of injury was not specified. Diagnoses include displacement of intervertebral disc. The patient has received physical therapy, but this fail to relieve all of the patient's symptoms. She has also been treated medically with lumbar steroid injections. The disputed issue is a request for 10 chiropractic physiotherapy treatments, with sessions 2 times a week for 5 weeks. An earlier Medical Utilization Review made a modified determination regarding this request, allowing 6 treatments. The rationale for this determination was that the request does not meet medical guidelines of the California MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy 2 x week x 5 weeks QTY #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The California MTUS Guidelines do recommend Chiropractic treatment, in general, 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. For recurrences/flare-ups: need to reevaluate treatment success; if return to work (RTW) is achieved then 1-2 visits every 4-6 months. The requested treatment is in excess of the Guidelines. The request for 10 chiropractic physiotherapy treatments, with sessions 2 times a week for 5 weeks is not medically necessary.