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| Case Number: | CM14-0146713 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 12/26/2012 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 08/01/2014 |
| 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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 12/26/12. A utilization review determination dated 8/1/14 recommends non-certification of chiropractic to the lumbar spine as there was pending acupuncture and the reviewer noted that the outcome of that intervention should be assessed prior to consideration of chiropractic. 7/3/14 chiropractic report identifies low back pain. On exam, there are trigger points present along with mild ROM limitations in flexion and extension (5 degrees less than normal). There is tenderness, spasm, Kemp's causes pain bilaterally, and SLR is positive on the right. Recommendations include referral to MD for medication, pain management consult, acupuncture, chiropractic, and psych consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2X week X 4weeks, Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by

musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is noted that the patient had other pending forms of treatment and concurrent use of multiple types of treatment can make it difficult or impossible to determine which (if any) are providing benefit to the patient. Furthermore, the currently requested 8 treatment sessions exceed the initial trial recommended by guidelines of 6 visits and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested chiropractic is not medically necessary.