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| Case Number: | CM14-0147900 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 07/25/2012 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 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 52-year-old male who reported an injury of an unspecified mechanism on 07/25/2012. On 08/04/2014, his diagnoses included lumbar spine disc herniation and radiculopathy. His complaints included pain in the low back. His lumbar spine ranges of motion as measured in degrees were forward flexion 40/60, extension 0/20, right and left lateral bending 5/20, and right and left rotation 5/20. The rationale for this request was that this worker stated he would like to have more chiropractic care since it had been helpful in the past. The submitted documentation revealed that he had received 15 treatments of chiropractic care between 02/25/2014 and 06/17/2014. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks: 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 & manipulation Page(s): 58-60..

Decision rationale: The request for Chiropractic 2 times a week for 4 weeks is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, it is recommended as an option. A trial of 6 visits over 2 weeks with evidence of objective functional improvement is recommended. The restricted ranges of motion of this worker's lumbar spine, despite having had 15 treatments of chiropractic care previously, is not evidence of objective functional improvement. Additionally, the requested treatments exceed the recommendations in the guidelines. Therefore, this request for chiropractic 2 times a week for 4 weeks is not medically necessary.