

Case Number:	CM14-0156249		
Date Assigned:	09/25/2014	Date of Injury:	04/16/2014
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 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 claimant is a 25-year-old male who was involved in a work injury on 4/16/2014 in which he injured his lower back. On 9/11/2014 [REDACTED], reevaluated the claimant. It was noted "there has been no significant improvement since the last exam. He continues to have back pain as well as LLE pain. He has completed acupuncture treatments which help his pain temporarily. He has not had chiropractic care yet. We will go ahead and order that to improve the pain and function in his lower back." The claimant was diagnosed with lumbar radiculopathy. A request for chiropractic treatment at 3 times per week for 4 weeks was submitted. This was modified by peer review to certify 6 treatments. The purpose of this review is to determine the medical necessity for the requested 12 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section, Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. The claimant has a history of chronic lower back pain. A course of chiropractic treatment could be considered appropriate. The guidelines would authorize a clinical trial of 6 treatments. However, the requested 12 treatments exceed this guideline and are, therefore, noncertified.