

Case Number:	CM14-0162429		
Date Assigned:	10/07/2014	Date of Injury:	01/14/2014
Decision Date:	11/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 a licensed 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 38-year-old female who reported an injury due to a slip and twist on 01/14/2014. On 08/20/2014, her diagnoses included chronic pain syndrome, myofascial pain, lumbar sprain/strain, and diabetes mellitus. It was noted in her treatment plan that she was noncompliant and only went to appointments for her medications without regard to other treatment modalities. She stated that she no longer needed narcotics and wanted psychotherapy and to return to work. The treatment plan also included a request for "chiropractic" for the cervical and thoracic lumbar spine. The recommendation was for 12 visits for decreased range of motion, muscle weakness, decreased lifting capacity, and decreased ability to sit, stand, and walk. It was further noted on 08/20/2104 that this worker had a history of "chiropractic that was not working". 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 therapy to cervical and thoracic lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)/Chiropractic treatment for neck or low back

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

Decision rationale: The request for Chiropractic therapy to cervical and thoracic lumbar spine is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For low back pain, it is recommended as an option. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement. The treatment parameters include frequency of 1 to 2 times per week for the first 2 weeks, then once per week for the next 6 weeks. This request did not include a number of treatments or a timeframe. Therefore, this request for Chiropractic therapy to cervical and thoracic lumbar spine is not medically necessary.