

Case Number:	CM14-0167656		
Date Assigned:	10/14/2014	Date of Injury:	12/20/2010
Decision Date:	11/24/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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 57 year old individual with an original date of injury of 12/20/2010. The mechanism of this industrial injury is not specified. The patient had total knee replacement on 5/6/14, bicep tendon repair 2/9/11 and left shoulder arthroscopic SAD 9/20/12. A lumbar MRI on 8/4/14 reported L4-5 disc degeneration with a 2mm degenerative anterolisthesis and milder lumbar spondylotic changes at the remaining disc levels. The injured worker has undergone 12 approved chiropractic treatments, without documentation of objective, functional improvement. The disputed issue is a request for 12 additional chiropractic treatments, with sessions 2 times a week for 6 weeks. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care: Upheld

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

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

Decision rationale: The CA MTUS Guidelines does 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. The patient has received 12 chiropractic treatments, without documented objective, functional improvement. The disputed request for 12 additional chiropractic treatments, with sessions 2 times a week for 6 weeks, is not medically necessary since the request does not meet medical guidelines of the CA MTUS.