

Case Number:	CM14-0167908		
Date Assigned:	10/15/2014	Date of Injury:	11/06/2012
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 & Rehabilitation, 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:

According to the records made available for review, this is a 22-year-old male with an 11/6/12 date of injury. At the time (9/25/14) of request for authorization for chiropractic treatment X 10, there is documentation of subjective (low back pain, exacerbation of pain) and objective (negative straight leg raise, motor strength 5/5, some tenderness to palpation of the mid rhomboid and the mid thoracic area, full sensation L2-S1) findings, current diagnoses (lumbar scoliosis 12 degrees, lumbosacral strain severe, facet joint syndrome, thoracic sprain, left upper trapezial pain, and left hip pain), and treatment to date (physical therapy and acupuncture). There is no documentation of objective functional deficits and functional goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment X 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of lumbar scoliosis 12 degrees, lumbosacral strain severe, facet joint syndrome, thoracic sprain, left upper trapezial pain, and left hip pain. However, despite documentation of some tenderness to palpation of the mid rhomboid and the mid thoracic area, there is no documentation of objective functional deficits and functional goals. In addition, given that the request is for chiropractic treatment X 10, the proposed number of visits exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for chiropractic treatment X 10 is not medically necessary.