

Case Number:	CM14-0171182		
Date Assigned:	10/23/2014	Date of Injury:	03/24/2014
Decision Date:	12/16/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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:

This is a 61-year-old female with a 3/24/14 date of injury. The patient injured her low back and right lower extremity when she was at work and carrying large and heavy boxes and putting boxes on shelves. According to the most recent progress report provided for review, dated 6/19/14, the patient complained of lower back pain, bilateral hip pain with spasms radiating downwards to toes, bilateral shoulder pain with lifting and moving arms. Objective findings: cervical and lumbar spine tender with muscle spasms, positive bilateral straight leg raising. Diagnostic impression: cervical spine strain, lumbar spine sprain/strain, lumbar spine radiculopathy. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment. A UR decision dated 9/29/14 denied the request for chiropractic therapy. This claimant has had extensive PT/Chiro for this chronic condition. There were no subjective or benefits noted from Chiro. Likewise, no objective improvement from PT was documented. There was also no documentation as to why the claimant is not able to continue with rehabilitation on a home exercise program basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 Times A Week for 6 Weeks for The Low Back Area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. According to the UR decision dated 9/29/14, this patient has already received an extensive amount of chiropractic treatment. However, the total number of sessions completed was not noted. In addition, there is no documentation of functional improvement from prior treatment. Therefore, the request for Chiropractic Therapy 2 Times A Week for 6 Weeks for The Low Back Area was not medically necessary.