

Case Number:	CM14-0185019		
Date Assigned:	11/12/2014	Date of Injury:	06/10/2012
Decision Date:	12/30/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/06/2014

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 Care 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 female who was involved in a work injury on 6/10/2012 in which she injured her lower back. The injury was described as the claimant "had to lift a keg into the bar refrigerator and as she lifted the keg, she experienced immediate pain in her lower back." The claimant initially presented to [REDACTED] where she was evaluated and prescribed medication. On 2/11/2014 the claimant presented to the office of [REDACTED], for an initial evaluation for complaints of lower back pain with pain radiating into her legs. The claimant was diagnosed with lumbar spine discopathy and lumbar spine radiculitis. The recommendation was for an MRI of the lumbar spine, short course of acupuncture, prior records, and FCE. On 3/24/2014 [REDACTED] reevaluated the claimant following "a short course of acupuncture care" the provided temporary relief. The recommendation was for a new low back brace because her previous one had worn out. There is also a request for interferential unit and follow-up with a medical physician for pharmaceutical management. On 4/28/2014 [REDACTED] evaluated the claimant for complaints of lower back pain at 6-7/10 on the visual analogue scale. The recommendation was for continued home exercise program and medication. There was also a recommendation for a consultation with [REDACTED] and 6 physical therapy and 6 chiropractic treatments. The requested physical therapy and chiropractic treatment was denied. The rationale for the chiropractic denial was that "the patient's past medical history indicates that the patient has already undergone chiropractic treatment. Within the medical record, there is not documentation of functional improvement." On 7/7/2014 [REDACTED] submitted an RFA for 6 chiropractic treatments and consultation with [REDACTED]. This request for chiropractic treatment was also denied by the same reviewer for the same rationale. On 8/18/2014 the claimant followed up with [REDACTED]. It was noted that "at this time, she continues to wait for authorization to consult with [REDACTED] for a spine surgical consultation for her low back."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 x 6: Overturned

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 Guidelines

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

Decision rationale: The rationale for denial was that there was no evidence regarding the claimant's response to the initial course of care. However, an extensive review of the submitted documentation available for this IMR, and to the previous peer reviewer, contained no information indicating that the claimant has undergone any chiropractic treatment. The 1st request for chiropractic treatment was submitted on 4/28/2014. This was denied based on the rationale that there was a previous course of treatment and no documentation of functional improvement as a result of this treatment. There was no evidence of any previous course of chiropractic treatment. The request was then submitted on 7/7/2014 and again denied for the same reason. Given the absence of any documentation indicating a past treatment history that included chiropractic treatment, the rationale for denial is not supported. Given the absence of a prior course of chiropractic treatment and the claimant's presenting complaints, a clinical trial of 6 chiropractic treatments could be considered medically necessary and appropriate, and consistent with MTUS guidelines. 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 6 treatments are consistent with this guideline and are certified.