

Case Number:	CM14-0023386		
Date Assigned:	05/12/2014	Date of Injury:	05/26/2004
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 50 year old with an injury date on 5/26/04. Based on the 11/19/13 progress report provided by [REDACTED] the diagnoses are: 1. Sprains and strains of lumbar region 2. Sprains and strains of neck 3. Sciatica Exam on 11/19/13 showed "No tenderness to palpation. Trigger points palpated in the upper trapezius, mid-trapezius, lower trapezius, sternocleidomastoid and semispinalis capitis bilaterally. Sensation to light touch is intact bilaterally in dermatomes C5-C8 and L3-S1." 11/19/13 report indicates patient had prior chiropractic treatment of unspecified number. [REDACTED] is requesting 12 visits of chiropractic therapy for the back. The utilization review determination being challenged is dated 2/18/14. [REDACTED] is the requesting provider, and he provided treatment report from 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 VISITS OF CHIRO THERAPY FOR THE BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Manual Therapy and Treatments Page(s): 58,59.

Decision rationale: This patient presents with ongoing aching back pain. The treating physician has asked 12 visits of chiropractic therapy for the back on 11/19/13. MTUS guidelines recommend initial trial of 3-6 with subsequent 18 sessions allowed if functional improvements can be documented. Patient has had prior chiropractic treatments of unspecified quantity which has "done well in the past" but fails to provide evidence of functional improvement from prior treatments. MTUS allows up to 18 sessions of therapy with demonstration of functional benefit from initial 6 sessions of trial. In this case, the treating physician simply states that the patient did well in the past. It is not known when the patient has had therapy, and no documentation of new injury or flare-up. For maintenance therapy, MTUS only allows 1-2 sessions every 4 months if the patient is working. Recommendation is for denial. The request is not medically necessary and appropriate.