

Case Number:	CM14-0024712		
Date Assigned:	06/11/2014	Date of Injury:	10/27/2011
Decision Date:	08/01/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 32-year-old who reported an injury on October 27, 2011. The mechanism of injury was not provided. On January 31, 2014, the injured worker presented with cervical spine, lumbar, left knee and left foot pain with complaints of loss of sleep due to pain. Upon examination, there was tenderness to palpation over the cervical paravertebral muscles along with spasms and a positive cervical compression test and a positive shoulder depression test bilaterally. There were trigger points to the lumbar spine at the paraspinals present with decreased range of motion due to pain. Prior therapies included pain management, neurostimulation therapy and medications. The provider recommended chiropractic care to increase range of motion and activities of daily living and to decrease pain. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for lumbar spine, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that chiropractic care is for chronic pain, if caused by musculoskeletal conditions, is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and a return to productive activities. The guidelines recommend a trial of six visits over two weeks; and with evidence of functional improvement, a total of up to eighteen visits over six to eight weeks. The provider's request for chiropractic therapy two times a week for four weeks for the lumbar spine exceeds the guideline recommendations. As such, the request for chiropractic for lumbar spine, twice weekly for four weeks, is not medically necessary or appropriate.