

Case Number:	CM14-0029390		
Date Assigned:	06/20/2014	Date of Injury:	11/14/2012
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/08/2014

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 Chiropractor and Acupuncture and is licensed to practice in Texas. 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 request for chiropractor 8 visits is not medically necessary. The injured worker reported a 6/10 pain in the mid back and a 6-6.5/10 pain in the low back. It appears that he has had prior chiropractic treatment but the number of attended sessions was not specified. The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. For the low back it is recommended as an option with therapeutic care trial of 6 visits and up to 18 visits with evidence of functional improvement. There is no evidence documented of functional improvement with the prior sessions to determine efficacy of treatment. In addition, the number of sessions attended was not stated. The guideline recommendations do not support the request. Given the above, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments to the cervical spine three (3) times per week for four (4) weeks, total of 12 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The requested chiropractic treatments to the cervical spine 3 times per week for 4 weeks for a total of 12 visits is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommend up to 18 visits of chiropractic care as an appropriate intervention for injured workers with chronic back pain. The clinical documentation submitted for review does indicate that the injured worker has already participated in chiropractic treatments for cervical spine pain. However, the clinical documentation does not include significant functional benefit or quantitative objective measures to support an increase in function. Therefore, continuation of this treatment modality would not be supported. As such, the requested chiropractic treatments to the cervical spine 3 times per week for 4 weeks for a total of 12 visits is not medically necessary.