

Case Number:	CM14-0029435		
Date Assigned:	06/20/2014	Date of Injury:	03/20/2012
Decision Date:	07/28/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/07/2014

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 Chiropractics, has a subspecialty in Pediatric Chiropractics 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 54 year old female with an original date of injury of 3/20/12. Diagnoses include lumbar disc disease with myelopathy, lumbar sprain and lumbago. The patient has received 24 sessions of Physical therapy, but this was not helpful in relieving the patient's symptoms. The injured worker has undergone 24 approved chiropractic treatments. There is no documentation of a home exercise program. The disputed issue is a request for chiropractic treatments for the lumbar spine. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the California MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines ACOEM Practice Guidelines, as well as the MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations. Pages 58-60 Page(s): 58-60.

Decision rationale: The California MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. There is no documented home exercise program. There has been no reported flare-up. The patient has already received significant amounts of therapy and has exceeded the Guidelines. The request for chiropractic treatments for the low back is not medically necessary.