

Case Number:	CM14-0030668		
Date Assigned:	06/20/2014	Date of Injury:	08/27/2012
Decision Date:	08/04/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 injured worker is a 46-year-old female who reported an injury on 08/16/2013. The injured worker had a history of lower back pain with a diagnosis of back strain. The clinical notes dated 11/14/2013 revealed the lumbar range of motion of flexion at 60 degrees, extension at 25 degrees, and lateral right bend at 25 degrees, negative straight leg raise with reflexes of the patella 2+ to the right knee. The medication included naproxen with a reported pain to the right knee of 2/10 using the Visual Analog Scale. Per the PT notes dated 11/14/2013, the injured worker had achieved maximum medical improvement. The injured worker returned to full time duty on 11/14/2013. The injured worker had received physical therapy, 2 completed series, each consisting of 6 visits and the injured worker also received chiropractic treatment, 3 completed series, with one episode consisting of 4 visits, and the other 2 consisting of 6 visits, which is a total of 18 visits to the chiropractor. The treatment plan included chiropractic treatments 1 times a week for 52 weeks. The authorization form dated 06/20/2014 was submitted with the documentation. The rationale per the note dated 02/07/2014 indicated that chiropractic therapy would allow her to work full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x 52 weeks lumbar spine: 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 Manual Therapy and Manipulation Page(s): 58-59..

Decision rationale: The request for chiropractic therapy once a week for 52 weeks for the lower back is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend an initial trial of 6 sessions of chiropractic care and up to 18 visits when there is evidence of functional improvement. It also states for recurrences/flare-ups if the return to work is achieved then 1 to 2 visits every 4 to 6 months. Per the notes dated 11/14/2013, the injured worker completed 32 sessions of chiropractic therapy and had met the maximum improvement. This exceeds the recommended 18 visits. In addition medically necessity for additional chiropractic therapy was not evident. Guidelines state that if return to work is achieved, then 1-2 visits every 4-6 months is supported. The current request exceeds guideline recommendations. As such, the request for chiropractic therapy once a week for 52 weeks for the lower back is not medically necessary.