

Case Number:	CM14-0031397		
Date Assigned:	06/20/2014	Date of Injury:	11/20/1997
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 licensed in Chiropractic 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 11/20/97. The mechanism of injury occurred when the patient was knocked over by a large dog and fell to the floor. The patient has been diagnosed with a lumbosacral sprain. The injured worker has undergone approved chiropractic treatments. The patient had a recent flare-up of low back pain when she leaned forward and twisting to left a bag at the grocery store. The disputed issue is a request for 3 chiropractic treatments for the back. An earlier Medical Review made a modified determination regarding this request. The rationale for this modified determination was that the request does not meet medical guidelines of the CA MTUS. Two sessions were certified, while the remaining one session was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 chiropractic treatment visits: Upheld

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

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

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for flare-ups/recurrences. If prior chiropractic treatment has achieved objective, functional improvement and the patient has returned to work, the Guidelines recommend 1-2 visits every 4-6 months. The request is for 3 chiropractic treatments and is beyond the Guidelines. The requested 3 chiropractic treatments for the back are not medically necessary.