

Case Number:	CM14-0031822		
Date Assigned:	06/20/2014	Date of Injury:	08/10/2001
Decision Date:	07/28/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 Chiropractic, has a subspecialty in Pediatric Chiropractic, and is licensed to practice in California, Washington, and New Mexico. 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 53-year-old female with an original date of injury of 8/10/01. The patient is on full work status. The injured worker has undergone approved chiropractic treatments. The records do not contain information regarding the efficacy of prior chiropractic therapy. The disputed issue is a request for 8 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 CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic eight (8) visits, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The CA MTUS Guidelines recommend chiropractic treatment, in general, for chronic pain, with a trial of six visits over two weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. In this case, there is no documentation as the efficacy of previous chiropractic treatment. As such, the request for eight chiropractic treatments for the lumbar spine is non-certified.