

Case Number:	CM14-0032598		
Date Assigned:	06/20/2014	Date of Injury:	01/28/2013
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 injured worker is a 30 year old male with a reported injury on 01/28/2013 due to motor vehicle accident. The injured worker had complaints of sharp pain once in a while and shooting pain. The injured worker also complained of increased lumbar spine pain with bending and constant achy pain. The injured worker had an MRI on 12/16/2013 thoracic and lumbar spine which showed L2-3 a 2mm disc bulge mildly impresses on thecal sac, L3-4 a 2mm disc bulge mildly impresses on thecal sac, L4-5 a 3.9 mm disc bulge mildly impresses on thecal sac, bilateral facet arthrosis and mild bilateral neural foraminal narrowing. L5-S1 a 2.2mm disc bulge does not impress thecal sac. The current treatment was ibuprofen 800mg one twice daily and Prilosec 20mg one daily and six sessions of chiropractic therapy for cervical, thoracic and lumbar spine. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF CHIROPRACTIC THERAPY FOR CERVICAL, THORACIC, AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN/ MANUAL THERAPY AND MANIPULATION Page(s): 58-60. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/ NECK AND UPPER BACK.

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

Decision rationale: The request for six sessions of chiropractic therapy for cervical, thoracic and lumbar spine is not medically necessary. The document submitted did not report any values of flexion, extension or rotation. Pain complaints were not evaluated and reported on the VAS scale, pain relief with medications and without, and the injured worker's functional status. Manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. The document submitted does not report any diagnoses of chronic musculoskeletal pain. Therefore, the request is not medically necessary.