

Case Number:	CM14-0033200		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2011
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 claimant is a 61-year-old male who was involved in a work injury on 6/6/2011. The injury was described as the claimant was picking up a washing machine when he injured his lower back. The claimant presented to the medical provider and received medication in addition to radiofrequency ablation procedure. On 1/17/2014 claimant was evaluated by [REDACTED], for complaints of lower back pain at 5/10 on the visual analogue scale. The report indicated that the claimant "states that when traveling to Mexico to visit family, he was adjusted by a chiropractor. The patient noted that he had a significant decrease in the severity of his low-back pain." The claimant was diagnosed with lumbosacral spondylosis without myelopathy. The recommendation was for 12 chiropractic treatments. On 2/17/2014 the claimant was evaluated by [REDACTED], an associate of [REDACTED]. The claimant was diagnosed with lumbar intervertebral disc syndrome, lumbar spondylosis, lumbar intervertebral disc, lumbar radiculitis, and lumbar myofascitis. The recommendation was for a course of treatment at 2 times per week for 3 weeks. According to a letter dated 2/26/2014 from [REDACTED], on 2/7/2014 the claimant was authorized 6 sessions of chiropractic treatment. The request for 6 additional treatments was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation of the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation (Chiropractic).

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

Decision rationale: A request for a course of chiropractic treatment was submitted. It appears that on 2/7/2014 the claimant was authorized to receive six chiropractic treatments. The request for six chiropractic treatments from [REDACTED], was submitted on 2/17/2014. This appears to be the initial request for treatment from [REDACTED]. This would suggest that [REDACTED] was unaware that the claimant was already authorized 6 sessions of chiropractic treatment. Prior to certifying additional treatment, the claimant should complete the previously authorized six treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." This guideline indicates that a clinical trial of six treatments is appropriate. In order for additional treatment to be considered appropriate there must be documented functional improvement. Therefore, given the absence of documentation indicating the response to the initial course of care, the medical necessity for six additional treatments was not established.