

Case Number:	CM14-0033279		
Date Assigned:	06/20/2014	Date of Injury:	09/22/2011
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
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, has a subspecialty in Pediatric Chiropractics 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 41 year old male with an original date of injury of 9/22/11. The mechanism of injury occurred when the patient lifted a 50 lb. Bag of onions. The patient has had 40 sessions of physical therapy, but this was not helpful in relieving the patient's symptoms. There is no documentation of a home exercise program or long-term, objective, functional improvement from the physical therapy treatments. The disputed issue is a request for 8 chiropractic treatments for the cervical and lumbar spines, with sessions 2 times a week for 4 weeks. 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:

Chiro Care 2 time a week for 4 weeks for the cervical and lumbar spines: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic back pain. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. In this case, the patient has had extensive physical therapy treatments, epidural steroid injections and acupuncture treatment. There is no documented long-term, objective, functional improvement noted. The request for 8 chiropractic treatments for the cervical and lumbar spines is not medically necessary.