

Case Number:	CM14-0034510		
Date Assigned:	06/20/2014	Date of Injury:	10/27/1999
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 36 year old female with a date of injury 10/27/1999. The Patient is being treated for ongoing symptoms related to the lower back. Diagnoses include cervical, thoracic, and lumbar strain. Subjective complaints are of back, and neck pain with radiation into arms and legs. The physical exam shows swelling and tenderness over the cervicothoracic spine, and lumbar spine. There was also paravertebral myospasms in the cervical and lumbar spine. Records indicate patient had utilized cold compresses, stretching, and had 2 prior chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic therapy visits, 2x4 to the left leg, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58.

Decision rationale: The California MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive symptomatic or objective gains in function and progression of a therapeutic exercise

program. Therapeutic care is recommended as a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. This patient has had at least two prior treatments, and the submitted request is for 8 additional treatments. The request for eight additional chiropractic sessions exceeds guideline recommendations, and is therefore is not medically necessary.