

Case Number:	CM14-0036425		
Date Assigned:	06/25/2014	Date of Injury:	08/11/2000
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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. 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 49 year old female with an original date of injury of 2001. The mechanism of injury occurred when the patient fell while assisting another client who had fainted. Diagnoses include lumbago. The patient has also been treated medically with a variety of pain medications and anti-inflammatory medications. The injured worker has undergone chiropractic treatments with no objective, functional improvements. The patient has pain relief for a few days after chiropractic adjustment but no long-term benefit. The pain is made worse by walking longer than a block, standing 45 minutes or sitting 45 minutes. It is relieved by stretching, massage, heat and medication. The disputed issue is a request for 12 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:

request for Chiropractic visits times twelve (12) to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic low 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. There has been no objective, functional improvement noted. Elective or maintenance care is not recommended. The request for 12 chiropractic therapy sessions for the low back is non-certified.