

Case Number:	CM14-0037338		
Date Assigned:	06/25/2014	Date of Injury:	11/25/2013
Decision Date:	07/23/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Services, has a subspecialty in Pediatric Chiropractic Services 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 45 year old male with an original date of injury of 11/25/13. The mechanism of injury occurred when the patient fell while climbing a ladder which slipped from under him, causing him to fall, injuring his back, knee and neck. The patient has not had any chiropractic treatment prior to the request. The disputed issue is a request for 12 chiropractic treatments for the back, with sessions 3 times per week for 4 weeks. An earlier Medical Review made a modification determination regarding this request. The rationale for this 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:

Out Patient Chiropractic Treatments for twelve (12) sessions.: 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 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, there has been no prior chiropractic treatment; therefore, the guidelines would not support the request. The request for 12 chiropractic therapy sessions for the low back is not medically necessary and appropriate.