

Case Number:	CM14-0039398		
Date Assigned:	06/27/2014	Date of Injury:	09/10/2009
Decision Date:	07/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 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:

According to the available medical records, this is a 48 years old female patient with chronic neck and low back pain, date of injury 09/10/2009. Previous treatments include acupuncture, chiropractic, physical therapy, medications and TENS unit. Progress report dated 02/21/2014 by the treating doctor revealed neck pain and back pain. Objective findings include hip ROM 45 in abduction bilaterally, flexion 135 bilaterally, internal rotation 35 bilaterally, external rotation 45 bilaterally. Examination of the lumbar spine noted pain with direct palpation at the left L5-S1 facet, positive SLR, decreased sensation along the L5 nerve distribution of the left leg. Diagnoses include lumbago, left leg sciatica and left greater trochanteric bursitis, resolved. The patient had undergone on acupuncture treatment and she does not feel very optimistic about it. 12 sessions of chiropractic requested. Treatment plan is to retract the acupuncture authorization and replace with 12 chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment neck and lumbar spine 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain, page 58-59.

Decision rationale: The CA MTUS recommend a trial of 6 chiropractic treatment over 2 weeks,

with evidence of functional improvement. The request for 12 chiropractic sessions for the treatment of neck and lumbar exceeded the guidelines recommendation and therefore, not medically necessary.