

Case Number:	CM14-0044616		
Date Assigned:	07/02/2014	Date of Injury:	05/15/2012
Decision Date:	09/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 Medicine and is licensed to practice in Texas. 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 28-year-old male with a reported date of injury of 05/15/2012. The mechanism of injury was noted to be from a twisting injury. His diagnoses were noted to include cervical, thoracic, lumbosacral, and right knee sprain/strain. His previous treatments were noted to include chiropractic care, physical therapy, and medications. The progress note dated 11/15/2013 revealed decreased mid-back, low back, neck, and right knee pain and bilateral leg numbness. The physical examination revealed positive cervical, thoracic, and lumbar muscle spasms and tenderness to the right knee. The Request for Authorization form dated 11/15/2013 was for chiropractic manipulation 1 time per week for 4 weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments of 4 sessions on the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The injured worker has completed previous sessions of chiropractic treatment. The Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal condition. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend for the low back, a trial of six visits over two weeks; with evidence of objective functional improvement, a total of up to eighteen visits over six to eight weeks. There is a lack of documentation regarding current measurable functional deficits with quantifiable objective functional improvements with previous chiropractic treatment. There is a lack of documentation regarding the number of chiropractic treatments completed as well as if it will be used as an adjunct to an exercise program. Therefore, the request for Four chiropractic treatments on the thoracic and lumbar spine is not medically necessary or appropriate.