



Case Number:	CM14-0048476		
Date Assigned:	06/25/2014	Date of Injury:	11/26/2012
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 licensed in Chiropractor 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 claimant is a 52-year-old male who was involved in a work injury on 11/26/2012. The injury was described as the claimant was assisting a customer unloading a wheelchair from a vehicle when he noted lower back pain. The claimant presented to the office of [REDACTED], M.D., and was diagnosed with cervicgia and lumbar radiculitis. The recommendation was for medication and acupuncture. On 10/7/2013 claimant was reevaluated by [REDACTED], DC, for complaints of neck and lower back pain at 7/10. The claimant was diagnosed with cervical and lumbar sprain/strain. The recommendation was for additional acupuncture at 2 times per week for 4 weeks. The claimant reportedly received 39 acupuncture treatments from 5/9/2013 through 11/25/2013. On 12/3/2013 [REDACTED] reevaluated the claimant for continued neck pain at 4/10 and lower back pain at 8/10 on the visual analogue scale. The recommendation was for a course of chiropractic treatment at 2 times per week for 4 weeks and continued acupuncture at 2 times per week for 4 weeks. On 12/5/2013 the claimant underwent an initial chiropractic evaluation with [REDACTED]. Neck pain was noted to be 7/10 and low back pain at 8/10. A chiropractic reevaluation was performed on 1/15/2014. The claimant continued to note neck pain at 7/10 and lower back pain at 7/10 on the visual analogue scale. The recommendation was for continued treatment at 2 times per week for 4 weeks. On 1/30/2014 the claimant underwent a lumbar epidural injection. On 2/4/2014 [REDACTED] reevaluated the claimant and noted that the claimant was scheduled for a 2nd epidural injection the following day and that the "LINT therapy helped." The recommendation was for continued chiropractic treatment. 2/5/2014 the claimant was evaluated by [REDACTED], MD. The recommendation was for a 2nd lumbar epidural injection and lumbar facet joint blocks. There was also a recommendation for an internal medicine specialist consultation. On 2/13/2014 [REDACTED] reevaluated the claimant continued to note lower back pain at 7/10 on the visual analogue scale. The recommendation was for continued

chiropractic treatment at 2 times per week for 4 weeks. On 2/18/2014 the claimant received a lumbar epidural injection and bilateral L4/5 and L5/S1 facet blocks. On 3/12/2014 [REDACTED] reevaluated the claimant for continued lower back pain at 7/10 on the visual analogue scale. A request for 12 additional sessions of chiropractic treatment beginning 3/11/2014 through 4/25/2014 was submitted. This was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Therapy Sessions for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The MTUS chronic pain treatment guidelines page 58 give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." This claimant underwent an extensive course of chiropractic treatment with no evidence of improvement. Pain levels remained at 7/10 throughout the course of treatment. The submitted documentation indicates that the claimant received 20 chiropractic treatments prior to this request. Given the absence of any functional improvement as result of the previous course of care, the medical necessity for the requested 12 additional treatments was not established and is not consistent with MTUS guidelines.