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| Case Number: | CM14-0053292 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 06/29/2013 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 29 year old male with an original date of injury of 6/29/13. The mechanism of injury occurred when the patient was pulling a work order of laminate wood flooring. A lumbar MRI dated 10/23/13 revealed an annular tear with a 5mm posterior central disc protrusion at L4-5. Diagnoses include: lumbosacral sprain with radicular pain, intervertebral disc without myelopathy, radiculitis and facet syndrome. At this time, the patient is off work. The injured worker has undergone approved chiropractic treatments. There has been some improvement noted, although the patient has low back with radiculopathy. The patient is still limited in activities of daily living and has not returned to work. The disputed issue is a request for 8 additional chiropractic treatments, with sessions 2 times a week for 4 weeks. 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:

Therapy: Chiropractic treatment 2 x / 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Although there has been some improvement noted, the patient continues to have significant symptoms. However, the request exceeds the MTUS guideline recommendations. The request for 8 additional chiropractic treatments, with sessions 2 times a week for 4 weeks is not medically necessary.