

Case Number:	CM14-0053792		
Date Assigned:	07/07/2014	Date of Injury:	06/12/2009
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 65 year-old with a date of injury of 06/12/09. A progress report associated with the request for services, dated 02/28/14, identified subjective complaints of neck, low back, and left shoulder pain. Objective findings included tenderness to palpation of the cervical and lumbar spines. There was decreased range of motion with pain. Diagnoses included low back pain; cervicgia. Treatment had included a lumbar laminectomy and left shoulder arthroscopy. She has received at least two chiropractic sessions in the past. Improvement was noted but functional improvement related to these sessions was not specified. A Utilization Review determination was rendered on 04/10/14 recommending non-certification of "chiropractic x 6".

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 48-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

Decision rationale: The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. In this case, 6 visits have been requested in addition to at least 2 prior sessions. This exceeds the recommendation of 6 initial visits to determine functional improvement. Therefore, the record does not document the medical necessity for 6 chiropractic sessions as requested.