

Case Number:	CM14-0053818		
Date Assigned:	07/07/2014	Date of Injury:	05/02/2012
Decision Date:	12/24/2014	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 a licensed 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 mail claimant was involved in a work injury on 5/2/2012 in which he injured his back. The mechanism of injury and post injury treatment history was not available for review. In March 2014 [REDACTED], DC, submitted a request for chiropractic treatment at 3 times per week for 4 weeks for the thoracic and lumbar spine for the diagnosis of lumbar root injury. This request 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:

Chiropractic 3 times a week for 4 weeks for the Lumbar-Thoracic: Upheld

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

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

Decision rationale: The medical necessity for the requested 12 treatments was not established. 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." The requested 12 treatments exceed this guideline. Moreover, this claimant was found

to be at maximum medical improvement and was at a pre-injury status at the time of this request. Therefore, consistent with MTUS guidelines, the medical necessity for the requested 12 chiropractic treatments was not established.