

Case Number:	CM14-0055977		
Date Assigned:	07/09/2014	Date of Injury:	05/22/2013
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 58-year-old male, with an original date of injury of 5/22/13. The mechanism of injury occurred when the patient was lifting boxes. The injured worker has undergone approved chiropractic and acupuncture treatments. There is no documented objective, functional improvement from this previous treatment. The disputed issue is a request for twelve (12) chiropractic treatments for the low back, with sessions two (2) times a week for six (6) 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:

Chiropractic care for the low back two (2) times per week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The Chronic Pain Guidelines recommend chiropractic treatment, in general, for chronic pain, with a trial of six (6) visits over two (2) weeks, and up to a total of eighteen

(18) visits over six to eight (6-8) weeks, with evidence of objective, functional improvement. There is no documentation of the effectiveness of previous chiropractic or acupuncture treatments. The request for twelve (12) chiropractic treatments for the low back, with sessions two (2) times a week for six (6) weeks is not medically necessary.