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| Case Number: | CM14-0056918 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/30/2012 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 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 37 year old male with an original date of injury of 7/30/12. An MRI of the lumbar spine on 11/14/13 reported broad-based disc protrusions at L3-S1, with no central canal or neural foraminal stenosis. An EMG/NCS on 11/14/13 demonstrated evidence of mild acute L5 bilateral radiculopathy. The injured worker has undergone 6 approved chiropractic treatments through 3/21/14. The patient reported that the condition had not significantly improved with chiropractic care. There has been no documented objective, functional improvement in the patient's condition. An evaluation on 4/3/14 indicates the patient has persistent low back pain with radiation to both lower extremities. The disputed issue is a request for 6 additional chiropractic treatments. 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:

Continue chiropractic times 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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. There is no documentation as the efficacy of previous chiropractic or acupuncture treatments. The request for six additional chiropractic treatments is not medically necessary.