

Case Number:	CM14-0059594		
Date Assigned:	07/09/2014	Date of Injury:	07/16/2013
Decision Date:	08/11/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 45 year old male with an original date of injury of 7/16/13. The mechanism of injury occurred when the patient attempted a lifting activity in the workplace. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, neuralgia, neuritis and radiculitis. The patient has received 6 sessions of acupuncture, but this was not helpful in relieving the patient's symptoms. The injured worker has undergone 12 approved chiropractic treatments. The patient states chiropractic care helped somewhat, however, there is no documentation indicating objective, functional improvement from these prior treatments. The disputed issue is a request for 12 additional chiropractic treatments for the low back, with sessions 2 times a week for 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:

Additional chiropractic treatments for the low back 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back.

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 documented evidence of objective, functional improvement from the prior chiropractic treatment. Therefore, the request for additional chiropractic treatments for the low back 2 times a week for 6 weeks is not medically necessary and appropriate