

Case Number:	CM14-0060571		
Date Assigned:	07/09/2014	Date of Injury:	05/16/2010
Decision Date:	09/09/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	05/01/2014

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 Acupuncture and is licensed to practice in Texas. 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 40-year-old female who reported an injury on 05/16/2010. The mechanism of injury was not provided with documentation. The injured worker's diagnoses were chronic low back pain and strain lumbosacral and degenerative disc disease of the lumbar spine. The injured worker's prior therapy includes chiropractic therapy with some relief reported. The injured worker's chief complaint was low back pain. On physical examination dated 02/21/2014, there was tenderness to palpation in the lumbosacral spine, paraspinous muscle tenderness, and spasms. The range of motion is limited to the lumbar spine, straight leg raise is positive at 70 degrees. The treatment plan was for the request of chiropractic times 12 sessions over 1 month, lumbar spine. The rationale for the request was not submitted with documentation. The Request for Authorization was provided with documentation submitted for review dated 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Chiropractic Therapy over 1 month lumbar spine: 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 Manual therapy and manipulation Page(s): 58.

Decision rationale: The California MTUS states manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of manual therapy is for positive symptomatic or objective measureable gains and function improvement that facilitate progressions in the injured worker's therapeutic program and return to productive activity. The therapeutic care for low back is a trial of 6 visits over 2 weeks period with evidence of objective functional improvement, totaling up to 18 visits over 6 to 8 weeks. And the treatment parameters for stated guidelines are time to produce effect 4 to 6 treatments, the frequency 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks at which time the injured worker should be re-evaluated. The medical records submitted for review indicate the injured worker had previous chiropractic care. There was lack of documentation to indicate the number of sessions the injured worker had completed. In addition, there was lack of documentation of objective functional improvement for the previous chiropractic care sessions. Therefore, the request is not supported by evidence-based guidelines. As such, the request is not medically necessary.