

Case Number:	CM14-0062193		
Date Assigned:	07/11/2014	Date of Injury:	11/22/2003
Decision Date:	10/01/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Board Certified in Orthopedic Surgery 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 61-year-old male who was reportedly injured on November 22, 2003. The mechanism of injury was not listed in these records reviewed. There were no progress notes presented for review. The only clinical documentation presented was a number of magnetic resonance imaging reports. The physical examination was not noted. Diagnostic imaging studies objectified ordinary disease of life, degenerative disc disease at multiple levels in the cervical spine to include disc desiccation and decreased disc height. A supraspinatus tendinitis was also noted with the magnetic resonance image of the right shoulder. Degenerative changes within the right knee were noted on enhanced imaging studies. Multiple level disc disease was noted throughout the lumbar spine. Previous treatment was unclear. A request was made for chiropractic care and was denied in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Chiropractic Treatments to consist of Vertebral Axial Decompression, Class IV Laser Therapy and Spinal Manipulation (2-3 times per week for 3-4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy/Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #10 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, the number of visits request exceeds the maximum visits that are allowed by treatment guidelines. As such, this request is not considered medically necessary.