

Case Number:	CM14-0063775		
Date Assigned:	07/11/2014	Date of Injury:	10/20/2010
Decision Date:	08/08/2014	UR Denial Date:	04/07/2014
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 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 individual with an original date of injury of 10/20/10. The mechanism of injury occurred when the patient was pulling a heavy cable and noticed numbness to the left foot and then developed back pain and left leg complaints. The patient has had lumbar surgery in 2011, with multilevel lumbar herniated discs, facet arthropathy, radiculopathy and chronic cervical sprain/strain. The patient has received aquatic therapy, chiropractic treatment and pain management. The report by [REDACTED] on 12/9/13 indicated the patient has an unknown number of previous chiropractic sessions and later had increased symptoms and underwent lumbar discography. On 1/27/14, the patient reported temporary improvements in activities of daily living and pain, in a follow-up visit with the treating chiropractor. There is no documented objective, functional improvement in the patient's condition noted. The disputed issue is a request for 8 chiropractic/physiotherapy treatments for the cervical and lumbar spines, with sessions 2 times a week for 4 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/physiotherapy two (2) times a week for four (4) weeks, therapeutic exercises and modalities for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & 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. Although there is reported temporary improvement, there is no documented evidence of objective, functional improvement from the prior chiropractic treatment. The request for 8 chiropractic/physiotherapy treatments for the cervical and lumbar spines, with sessions 2 times a week for 4 weeks is not medically necessary.