

Case Number:	CM14-0069178		
Date Assigned:	07/14/2014	Date of Injury:	02/05/2011
Decision Date:	09/24/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/14/2014

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 43 year old individual with an original date of injury of 2/5/11. The mechanism of this industrial injury occurred when the patient was attempting to locate a burglary suspect, jumped off a retaining wall and landed on the left foot only. The patient experienced immediate low back pain. Diagnoses include lumbar sprain with left lower extremity radiculitis. The patient has received physical therapy, but this was not helpful in relieving the patient's symptoms. The patient has also been treated medically with pain medications. The disputed issue is a request for 16 chiropractic treatments for the lumbar spine, with sessions 2 times a week for 8 weeks. An earlier Medical Utilization Review made a modified determination regarding this request, allowing 6 initial treatments. The rationale for this adverse determination was that the original 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:

Therapy-lumbar spine chiropractic treatment 2 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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. The requested treatment is in excess of the Guidelines. There is no indication that initial treatment beyond the Guidelines would be necessary. The request for 16 chiropractic treatments for the lumbar spine is non-certified.