

Case Number:	CM14-0072455		
Date Assigned:	07/16/2014	Date of Injury:	08/06/2005
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine, 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 74-year-old female with an 8/6/05 date of injury and status post L2-S1 fusion. At the time (4/22/14) of request for authorization for chiropractic treatment there is documentation of subjective (severe back pain, numbness all the way to the bottom of the foot) and objective (5/5 muscle strength, normal sensation, and 2+ deep tendon reflexes) findings, current diagnoses (lumbar degenerative disc disease and sciatica), and treatment to date (medications and activity modification). There is no documentation of objective functional deficits, functional goals, and number of visits requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of Chiropractic Treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits with evidence of objective functional improvement total of up to 18 visits. Given there is no (clear) documentation of objective functional deficits, functional goals and no documentation of the number of visits requested, the request for Chiropractic treatment is not medically necessary.