

Case Number:	CM14-0074159		
Date Assigned:	07/16/2014	Date of Injury:	05/29/2013
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/21/2014

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, Washington, and New Mexico. 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 5/29/13. The mechanism of injury occurred when the patient was transporting a generator on a dolly when she felt a sharp low back pain. The patient has been diagnosed with lumbar radiculopathy and degenerative disc disease. At this time, the patient is on modified work status. The injured worker has undergone 24 approved chiropractic treatments. The patient reports a recent flare-up of low back pain. The disputed issue is a request for 12 chiropractic treatments for the lumbar spine, with sessions 2 times a week for 6 weeks. There was no documented long-term objective, functional improvement noted from the previous chiropractic treatment. The treatment plan did not provide the specific goals to be achieved with this request for additional care. 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 2 x week, x 6 weeks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no indication that the previous chiropractic care was beneficial to the patient. CA MTUS allows 6 additional visits. The request for 12 chiropractic treatments for the lumbar spine, with sessions two times a week for six weeks is not medically necessary.