

Case Number:	CM14-0075388		
Date Assigned:	07/16/2014	Date of Injury:	02/05/1996
Decision Date:	08/22/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 Texas. 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 73-year-old male who reported an injury on 02/05/1996. Prior treatments included physical therapy and chiropractic care. The documentation indicated the injured worker was approved for a lumbar decompression and fusion at L3-4, L4-5 bilaterally. The injured worker underwent an MRI of the lumbar spine. The diagnoses included lumbar plexus neuritis and lumbar disc syndrome. The documentation of 03/20/2014 revealed the injured worker had visited a chiropractor for many years and found they had been able to assist the injured worker to maintain a degree of mobility and to be stretched out. The recommendation was for chiropractic care 3 times a month until the decision was made for approval of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic follow up treatment 3 times per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. For treatment and

flare ups, there needs to be a re-evaluation of prior treatment success. There should be documentation of an improvement in function, decreasing pain, and improvement in quality of life. The clinical documentation submitted for review indicated the injured worker found the chiropractic care to be beneficial. However, there was lack of documentation of objective functional improvement. The request as submitted failed to indicate the duration for the chiropractic treatments 3 times a month. Additionally, the surgical intervention was approved. Therefore, that would support non-approval of the request as the physician indicated the treatment was until surgical intervention was decided. Given the above, the request for chiropractic followup treatments 3 times per month is not medically necessary.