

Case Number:	CM14-0078944		
Date Assigned:	07/18/2014	Date of Injury:	09/10/2001
Decision Date:	08/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/29/2014

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 Care 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 57 year old individual with an original date of injury of 9/10/01. Diagnoses include lumbar pain, lumbosacral pain, sacroiliac pain and right hip pain. The injured worker has undergone 6 approved chiropractic treatments; however no records from those treatments have been included. There is no documented objective, functional improvement. The disputed issue is a request for 6 additional chiropractic treatments for a flare-up of the original injury. 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 MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic office visits times six (6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The 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. In regard to recurrences/flare-ups, guidelines state that there is a need to re-evaluate treatment success, if return to work is achieved, then 1-2 visits every 4-6 months. The patient recently had 6 chiropractic treatments without documentation of objective, functional improvement. As such, the request is not medically necessary.