

Case Number:	CM14-0079826		
Date Assigned:	07/18/2014	Date of Injury:	01/31/2012
Decision Date:	10/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 Chiropractic Sports, 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 male who was injured on 1/31/12 with an unknown mechanism of injury. He works as a police officer and states that his injuries are aggravated by prolonged sitting, standing and walking as well as the Sam Browne belt he wears. His diagnosis are Lumbar Disc Syndrome, Lumbar Scoliosis, Lumbar neuritis, Spinal Enthesopathy, Lumbar DJD, and difficulty sleeping. Prior treatment has consisted of medications, injections, physical therapy and chiropractic care. According to the records the patient has received 18 chiropractic visits from 10/1/13 to 4/24/14 which is approximately 6 months. The records do not reveal any L/S spine MRI's or lower extremity NCV/EMG testing for this injured worker. The records do not reveal any treatment between 1/31/12(DOI) and 9/30/13. Also the records do not show the response to care with objective measurable gain in functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 2x4 (8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, 3 treatment of chiropractic manipulation over 2 weeks(6 visits) is recommended with up to 18 visits more over 6-8 weeks if objective measurable gains in functional improvement is documented. Therefore, 2x4 or 8 chiropractic visits is not medically necessary.