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| Case Number: | CM14-0080154 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 11/01/2011 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 05/13/2014 |
| 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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 42 year old male with a work injury dated 11/1/11. The diagnoses include lumbosacral sprain/strain and possible internal derangement of the right knee. Under consideration is a request for chiropractic 2 times a week times 4 weeks for the lumbar spine. Per handwritten office visit documentation dated 5/5/14 the patient complained of lumbosacral sprain/strain on the right and left and tingling in the right and left leg. There is decreased sensation and weakness in both legs at times. There is continued right knee pain and right patella pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x week x 4 weeks for the Lumbar Spine: Upheld

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

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

Decision rationale: Chiropractic 2 times a week times 4 weeks for the Lumbar Spine is not medically necessary. Per guidelines elective/maintenance care is not medically necessary.

Therapeutic care involves a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement the patient may benefit from a total of up to 18 visits. The documentation indicates that the patient has had chiropractic care in the past. Without documentation of specific number of visits he has had in the past and whether there was any functional improvement the request for chiropractic care is not appropriate. Furthermore, the request exceeds the number of visits for a trial. The request for chiropractic 2 times a week times 4 weeks for the lumbar spine is not medically necessary.