MAXIMUS Federal Services

Case Number:	CM14-0080302		
Date Assigned:	05/31/2014	Date of Injury:	06/30/2008
Decision Date:	11/17/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Acupuncture 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 patient is reported to be a 57 year old female patient with a 6/30/2008 date of injury; claimant was reportedly training vines. She reportedly fell backwards because of uneven ground sustained cervical, thoracic and lumbar spine and bilateral knee injuries. There was no documentation of a recent Chiropractic evaluation supporting the request for 2 times 6 Chiropractic care. The most recent report was from [redacted] and [redacted] dated 10/24/13. The report diagnoses the patient with L-4/S-1 facet arthropathy; L-5 disc bulge; L-5 foraminal stenosis; cervical pain/spasm. The treatment plan was for imaging/medication, no Chiropractic care.The May 1, 2014 UR determination regarding the request for Chiropractic care, 5 regions, denied care based on the absence of any current Chiropractic evaluation or any documentation of functional improvement within the patient prior course of passive modality care with Acupuncture or physical therapy. The CAMTUS Chronic Treatment Guidelines, page 58-59 was referenced as support for the determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic visits for the lumbar spine, 2 visits per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The patient's prior medical history includes physical therapy and Acupuncture, both provided without clinical evidence of any functional benefit. The request for additional care in the form of Chiropractic manipulation was not accompanied by a current report outlining the medical necessity for further care. The most recent medical report outlining the patient functional deficits was submitted by [redacted] on 10/24/13 6 months prior to the 4/23/14 RFA requesting 12 Chiropractic. Absent a supplemental report outlining the medical necessary to pursue additional care in the form of spinal manipulation, the request is not medically necessary.