

Case Number:	CM14-0080763		
Date Assigned:	07/18/2014	Date of Injury:	03/17/2003
Decision Date:	08/18/2014	UR Denial Date:	05/08/2014
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 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 44 year old individual with an original date of injury of 3/17/03. The original mechanism of injury was when the patient was assisting a client into bed. She strained her low back at this time. The injured worker has undergone approved chiropractic treatments in the past. There is no documented long-term objective, or functional improvement in the patient's condition. There is no documented recent flare-up. The disputed issue is a request for 6 additional chiropractic treatments, with sessions 2 times a week for 3 weeks. An earlier medical review made an adverse determination regarding this request. The rationale for this adverse determination was that the request did not meet medical guidelines within the California MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x week for 3 weeks: Upheld

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

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

Decision rationale: MTUS Guidelines do 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. For recurrences/flare-ups there is a need to re-evaluate treatment success, if return to work is achieved then 1-2 visits every 4-6 months. There is no documented long-term, objective, functional improvement from the previous treatments. There has been no recent flare-ups. As such, the request is not medically necessary.