

Case Number:	CM14-0087432		
Date Assigned:	07/23/2014	Date of Injury:	10/24/2012
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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 licensed in Chiropractic, has a subspecialty in Pediatric Chiropractic 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 39 year old individual with an original date of injury of 10/24/12. The mechanism of injury occurred when the patient sustained a cumulative trauma injury. Diagnoses include sciatica and lumbar strain. The injured worker has undergone approved physical therapy and chiropractic treatments, but the low back pain has persisted. There has been no documented objective, functional improvement from these treatments. The disputed issue is a request for additional chiropractic treatments with sessions once a week. 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 guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment Quantity requested 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Low Back, Lumbar and Thoracic (Acute & Chronic) updated 05/12/14.

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

Decision rationale: The CA MTUS Guidelines recommend Chiropractic treatment for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks. There must be evidence of objective and functional improvement. Recurrences/flare-ups: It is imperative that treatment is reevaluated and if the patient is able to return to work then 1-2 visits every 4-6 months is suggested. There is no documented objective, functional improvement from the treatments already received. The request for 1 chiropractic treatments per week is not medically necessary.