

Case Number:	CM14-0090092		
Date Assigned:	07/23/2014	Date of Injury:	01/16/2014
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 and 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 claimant is a 39-year-old female who sustained a work related injury on 1/16/2014. Per a PR-2 dated 5/27/2014, the claimant had decreased pain. She has a right abdominal strain. She is diligent with her appointments and prescribed exercises. She continues to improve but is not yet stable. Her Oswestry rating is 12/90. She has decrease t/l spine mobility by 10%, palpable tenderness, joint dysfunction, and trigger points in paraspinals. Her diagnoses are thoracic sprain/strain, sacrum sprain/strain, lumbar strain/sprain, abdominal strain, and myofascial pain syndrome. Prior treatment includes acupuncture, physical therapy, chiropractic, and oral medication. She is on modified work. Per a PR-2 dated 5/6/2014, the provider states that the claimant has not had much relief from chiropractic, muscle relaxers, and anti-inflammatories. MRI shows a bulging disc in L4-L5 and L5-S1. Per a Prior UR review, the claimant has completed 30 chiropractic sessions. According to the claimant's review letter, she states that she has only had 24 sessions of chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Chiropractic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back Chapter: Chiropractic Guidelines, Physical Therapy; Official Disability Guidelines, Preface, Chiropractic.

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

Decision rationale: According to evidenced based guidelines, chiropractic is recommended first as a trial and with functional improvement up to a total of 18 visits over 6-8 weeks. If return, to work is achieved and 1-2 visits are recommended every 4-6 months. The claimant has already had 24 chiropractic visits within a six-month period. Furthermore, the provider has stated that chiropractic did not provide much relief. Eight further sessions of chiropractic is excessive and exceeds recommended guidelines of 24 maximum visits. In addition, she has exceeded the recommended guidelines of 18 visits and 1-2 visits every 4-6 months. Therefore, further chiropractic is not medically necessary.