

Case Number:	CM14-0093582		
Date Assigned:	07/25/2014	Date of Injury:	03/03/2003
Decision Date:	09/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 59-year-old male who reported an injury on 03/03/2003 due to an unknown mechanism of injury. The injured worker's treatment history was not provided. The injured worker was evaluated on 05/20/2014. It was documented that the injured worker had ongoing low back pain complaints with frequent flare-ups of pain in the low back, radiating into the lower extremity. Objective findings included limited range of motion secondary to pain, with a positive straight leg raising test and tenderness to the right sacroiliac joint. The injured worker's treatment plan included continued use of an interferential unit, continued medications, an MRI; chiropractic care, and re-evaluation. The injured worker's diagnoses included a lumbar strain with herniated disc and right leg radiculopathy. A Request for Authorization form for a lumbar MRI and chiropractic care for the lumbar spine was submitted on 05/28/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 12 Chiropractic treatment for the lumbar spine, 2 times a week for 6 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 68.

Decision rationale: The request for 12 chiropractic treatments for the lumbar spine; 3 times a week for 6 weeks as an outpatient is not medically necessary. California Medical Treatment Utilization Schedule recommends a trial of 6 visits to establish efficacy of treatment for patients who have not undergone chiropractic treatment previously. The clinical documentation submitted for review does not provide a treatment history for the patient to establish that they have undergone any type of manual manipulation. Therefore, a 6-visit clinical trial would be supported in this clinical situation. There are no exceptional factors noted to support extending treatment beyond guideline recommendation. As such, the requested 12 chiropractic treatments for the lumbar spine 2 times a week for 6 weeks is not medically necessary.