

Case Number:	CM14-0095868		
Date Assigned:	07/25/2014	Date of Injury:	11/13/2013
Decision Date:	11/14/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of November 13, 2013. A utilization review determination dated June 3, 2014 recommends non-certification for chiropractic sessions for the cervical and lumbar spine. Non-certification was recommended since the patient has undergone 18 previous therapy visits and 10 previous chiropractic visits with no documentation of objective functional improvement. A progress report dated April 18, 2014 identifies subjective complaints including pain in his head, back, neck, waist, both legs, and left foot. Physical examination findings reveal spasm in the lumbar spine with tenderness to palpation around the lower lumbar area. The patient has full range of motion. No sensory or motor deficits were identified. Diagnoses include cervical strain/sprain and lumbosacral strain/sprain. The treatment plan recommends medication, home stretching, and chiropractic treatment. Additionally, an MRI of the lumbar spine is recommended as well as a psychological evaluation. A progress report dated May 22, 2014 states that the patient has undergone 10 chiropractic visits and recommends 2-3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 to 18 chiropractic sessions, 2 to 3 times a week for 6 weeks, cervical and lumbar spine.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

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

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 18 treatment sessions, in addition to the 10 previously provided, exceeds the number recommended by guidelines. Finally, there is no documentation of sustained objective functional improvement as a result of previous chiropractic sessions. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.