

Case Number:	CM14-0190082		
Date Assigned:	11/21/2014	Date of Injury:	10/09/1997
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 Chiropractor (DC), 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 65-year-old female who was involved in a work injury on 10/9/1997. The injury was described as the claimant "was filing for her employer, one of the file cabinet drawers fell out of the cabinet and fell onto her left hip." The claimant presented to her medical provider and underwent a course of physical therapy. Following a failure of conservative treatment to bring about a resolution of her condition the claimant underwent lumbar laminectomy surgery. This was followed by periodic chiropractic and physical therapy. A request for 12 sessions of therapy was submitted and denied. This triggered a qualified medical evaluation. This QME occurred on 6/27/2013 with [REDACTED], DC. [REDACTED] stated that he "disagree(s) with utilization review regarding a determination that this patient should not be authorized 12 chiropractic visits." He opined that the claimant should be afforded 12 sessions of chiropractic treatment. On 4/29/2014 the claimant was reevaluated by [REDACTED], DC. The report stated that "patient returned on 3/19/2014 complained of low back pain with referral to the left gluteals and posterior leg, rated 8/10 VAS. The claimant was diagnosed with lumbar intervertebral disc syndrome, lumbar neuritis/radiculitis, thoracic sprain/strain, facet syndrome, cervical sprain/strain, and myalgia/myositis. The recommendation was for a course of chiropractic treatment. On 10/24/2014 the claimant was evaluated by [REDACTED], M.D. The report indicates that "last week pain flared up left buttock/spine to mid back." The recommendation was for 12 sessions of chiropractic treatment. This was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic treatment sessions: Upheld

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

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

Decision rationale: The request is for 12 treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The request exceeds this guideline. A modification of the request to certify six treatments would have been appropriate. It appears that the claimant sustained an exacerbation of her chronic lower back complaints. It further appears that in the past the claimant has responded favorably to chiropractic care. However, the guidelines only support an initial trial of six treatments. Therefore, the medical necessity for the requested 12 treatments is not medically necessary.