

Case Number:	CM14-0190399		
Date Assigned:	11/21/2014	Date of Injury:	10/11/2013
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
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 licensed in Chiropractor care and is licensed to practice in New Jersey. 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 31-year-old male who reported an injury on 10/11/2013. The mechanism of injury was not provided. On 07/21/2014, the patient presented with low back pain. Upon examination of the lumbar spine, there was tenderness to palpation over the paraspinal muscles. There was mildly limited range of motion and negative straight leg raise with normal deep tendon reflexes and negative clonus. The sensory examination was normal. Diagnosis was lumbar sprain/strain. The provider recommended chiropractic treatment times 12 for the lumbar spine. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment times 12, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: The request for chiropractic treatment times 12, lumbar spine is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic

pain, if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progress in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks would be recommended. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. Additionally the physical examination did not demonstrate that the injured worker had musculoskeletal conditions that caused chronic pain. As such, medical necessity has not been established.