

Case Number:	CM14-0201305		
Date Assigned:	12/11/2014	Date of Injury:	06/29/2006
Decision Date:	01/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 therapy, has a subspecialty in Chiropractic Sports Physician 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 58 year old female who was injured on 06/29/06 when as a nurse assistant she injured her neck and back in the process of pulling and turning a patient. The UR doctor stated that there is little clinical information regarding the injured workers current functional activity status. Also the doctor states that there is no documentation on previous chiropractic care and how the patient responded to the care. The patient was diagnosed with Cervical spine HNP multi-level(C3-7) per MRI on 9/5/14, Thoracic HNP per MRI on 9/2/14, Lumbar spine HNP per MRI on 9/2/14(L3-4&L4-5), Cervical radiculitis, lumbar radiculitis, stress, insomnia, and fatigue. Treatment has consisted of Physical therapy, Chiropractic, medications, rest and home exercise program with no amount of treatment given and how the patient responded to care. Epidurals were completed on 11/10/14 on the cervical and Lumbar spine after the patient failed to respond to the previous conservative treatment listed. The doctor is requesting Chiropractic 3 times per for 4 weeks or 12 treatments for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 times 4 body part: Lumbar/Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines manipulation of the low back is recommended as an option of 6 trial visits over two weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. The doctor is requesting 3 times 4 or 12 visits of chiropractic care to the cervical and lumbar spine which is not according to the above Guidelines and therefore the care is not recommended. Also, the amount of previous care, dates of care and how the patient responded to chiropractic care is not documented. In order to receive more care the doctor must document evidence of objective functional improvement. The request is not medically necessary.