

Case Number:	CM15-0002040		
Date Assigned:	01/13/2015	Date of Injury:	09/09/1998
Decision Date:	04/16/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Chiropractor

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 57-year-old male who reported an injury on 09/09/1998. The mechanism of injury was not provided. The clinical note dated 06/04/2014 noted that the injured worker has been participating in chiropractic treatment and notes a decrease in pain level and improvement in range of motion. Diagnoses were chronic lumbar sprain and chronic lumbar IVD syndrome. Upon examination of the lumbar spine, the range of motion values were 50/70 degrees of flexion, 18/25 degrees of extension, 20/25 degrees of right lateral flexion, 18/25 degrees of left lateral flexion, and 20/25 degrees of bilateral rotation. A positive Yeoman's sign bilaterally and grade 1 spasm noted to the lumbar paravertebral muscles. The provider recommended 4 chiropractic therapy visits 1 to 2 times 2 to the lumbar spine as an outpatient. There was no rationale 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:

4 CHIROPRACTIC THERAPY VISITS 1-2X2 TO THE LUMBAR SPINE, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 4 chiropractic therapy visits 1-2x2 to the lumbar spine, as an outpatient 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 medical gains in functional improvement that facilitate progress in more treatment programs and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks. The guidelines also recommend 2 to 4 times for therapy. There was a lack of documentation indicating that the injured worker had significant objective functional improvement with the prior therapy. Additionally, a current clinical note was not submitted for review. The most recent note was dated 06/2014. As such, medical necessity has not been established.