

Case Number:	CM14-0101194		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2008
Decision Date:	10/21/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Chiropractic 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 male who was injured on October 23, 2008. According to a prior denial letter for request for authorization the mechanism of injury is described as lifting machinery causing him to injure his back, lower and upper extremities. A prior utilization review determination dated June 19, 2014 resulted in a denial for a request of twelve chiropractic manipulative therapy treatments. This request is for chiropractic treatment three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 3 times a week for 4 weeks: 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 Page(s): 58-60.

Decision rationale: The request for chiropractic at 3 times a week for 4 weeks is considered not medically necessary at this time. According to the documents submitted, the patient has had 37 chiropractic sessions without indication of improvement subjectively or objectively. Therefore, it is not clear what benefit chiropractic treatments are offering the patient. There is no evidence of

functional objective improvement or specific goals that support the need for additional chiropractic sessions. California MTUS guidelines state that an initial trial of 6 sessions of manipulative therapy may be utilized and extended only when there is documented objective improvement. Therefore, medical necessity cannot be established to support the request for 12 chiropractic sessions.