

Case Number:	CM14-0121569		
Date Assigned:	09/16/2014	Date of Injury:	12/15/2013
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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 Medicine and is licensed to practice in California, Washington, and New Mexico. 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 35-year-old individual with an original date of injury of December 15, 2013. The mechanism of this industrial injury occurred when the patient fell. Diagnoses include cervical and lumbar intervertebral disc syndrome with lumbar radiculitis and neuritis. The injured worker has undergone 24 approved chiropractic treatments, without documented objective, functional improvement. The Guidelines recommend 1-2 chiropractic visits for flare-ups, however there is no documented flare-up noted. The disputed issue is a request for 1 additional chiropractic treatments. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

One additional chiropractic visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations. Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of six visits over two weeks, and up to a total of eighteen visits over six to eight weeks, with evidence of objective, functional improvement. The patient has already received 24 chiropractic treatments, with insufficient documented objective, functional improvement or documented flare-up of the condition, to support additional treatment. The request is in excess of the Guidelines. The request for one additional chiropractic treatments is not medically necessary or appropriate.