

Case Number:	CM14-0126999		
Date Assigned:	08/13/2014	Date of Injury:	11/20/2000
Decision Date:	10/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Pediatric 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 47-year-old individual with an original date of injury of 11/20/2000. The mechanism of this industrial injury was not indicated. An MRI on 5/15/09 reported a minimal L2-3 disc bulge. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc. The patient has been treated medically with pain medications. At this time, the patient is on full work status. It is unclear whether the patient has received chiropractic care previously and what the result of that treatment might have been. The documentation indicates the patient has had a flare-up of the condition. The Guidelines recommend 1-2 chiropractic visits for flare-ups, therefore the request is in excess of the Guidelines. The disputed issue is a request for 6 chiropractic treatments for the lumbar spine, with sessions 1 times a week for 6 weeks. 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:

Chiropractic 1x6 Visits, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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 2 weeks, and up to 18 visits over 6-8 weeks, with evidence of objective, functional improvement. It is unclear whether the patient has received chiropractic care previously and what the result of that treatment might have been. The documentation indicates the patient has had a flare-up of the condition. The Guidelines recommend 1-2 chiropractic visits for flare-ups, therefore the request is in excess of the Guidelines. The request for six chiropractic treatments for the lumbar spine, with sessions 1 times a week for 6 weeks is not medically necessary.