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| Case Number: | CM14-0129608 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 04/22/2010 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 59-year-old morbidly obese male who has submitted a claim for lumbar radiculopathy and knee tend/burs associated with an industrial injury date of April 22, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of chronic low back and right leg pain with numbness. Physical exam revealed spasm and tenderness of the lumbar spine, decreased ROM, and ambulation with cane. Treatment to date has included medications, weight loss program and chiropractic care. Utilization review from July 16, 2014 denied the request for Chiropractic Treatment: 2xWeek for 3 Weeks (Lumbar Spine) because the patient had received some chiropractic care in the past but the amount and last visit was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment: 2xWeek for 3 Weeks (Lumbar Spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 98.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, a trial of 6 visits over 2 weeks is recommended and if there is evidence of objective functional improvement further visits may be scheduled to reach a total of up to 18 visits over 6-8 weeks. In this case, the patient previously had chiropractic care. However, the provided records do not specify the number of visits the patient previously had and the response to previous visits. Without much information, the necessity of further visits cannot be established. Therefore, the request for Chiropractic Treatment: 2xWeek for 3 Weeks (Lumbar Spine) is not medically necessary.