

Case Number:	CM14-0139511		
Date Assigned:	09/05/2014	Date of Injury:	10/04/2012
Decision Date:	10/09/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 50 year old female who reported an injury on 10/04/2012. The mechanism of injury was a fall. Her diagnoses included low back pain, broad based disc at L5-S1 and facet arthritic changes at L5-S1. The injured worker's past treatments involved medications, physical therapy, chiropractic care and a home exercise program. Her past diagnostic exams consisted of a CT of the lumbar spine performed on 10/24/2012 which revealed multilevel degenerative disc disease. On 07/15/2014, she complained of ongoing thoracic and lumbar spinal pain. Also, she reported that swimming and walking for exercise was aiding as well. The physical exam revealed no significant changes since the last visit. There was no objective documentation for the evaluation to support the injured worker's complaints. Her medications consisted of Motrin 800mg and Ambien 5mg. The treatment plan comprised of 6 chiropractic sessions and a 3 month supply of her medications. A request was received for Chiropractic, 6 session. The rationale for the request was that previous chiropractic treatments aided in allowing her to continue working full time. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 6 sessions: 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 Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for 6 Chiropractic sessions is not medically necessary. The California Guidelines recommend manual therapy & manipulation for chronic pain if caused by musculoskeletal conditions to achieve objective measurable gains in functional improvement and facilitate progression in the patient's therapeutic exercise program. For low back conditions, the guidelines recommend up to a total of up to 18 visits over 6-8 weeks. Also, if there is a recurrence or flare up then a re-evaluation is needed and 1-2 visits every 4-6 months may be necessary. Based on the clinical notes the injured worker had previous treatments of physical therapy and chiropractic care. However, details regarding the previous chiropractic treatment were not provided, including the number of visits. There must clear documentation that specifies how many visits the injured worker attended in order to determine if the maximum number of visits have been reached. The clinical notes state that injured worker was able to continue working full time as a result of her previous chiropractic care, but there is lack of documentation demonstrating objective measurable gains in functional improvement from her previous chiropractic visits. Additionally, the request is for 6 sessions, which exceeds the recommended amount of therapy for flare ups. Therefore, due to lack of objective quantitative documentation indicating the efficacy of the prior chiropractic therapy; lack of evidence that there was a reevaluation performed; lack of documentation indicating the total number of visits, and the excessive number of visits requested, the request is not supported. Thus, the request for 6 Chiropractic sessions is not medically necessary.