

Case Number:	CM14-0139650		
Date Assigned:	09/05/2014	Date of Injury:	01/31/1986
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
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 Pediatric Chiropractic 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 60 year old individual with an original date of injury of 1/31/86. The mechanism of this industrial injury was not indicated. A lumbar MRI dated 7/14/14 reports mild diffuse degenerative disc disease and a small central L1-2 and L4-5 protrusions without significant stenosis or nerve root impingement. The patient has also been treated medically with Celebrex, Norco and capsaicin cream. There is no indication of other physical medicine having been received. The disputed issue is a request for 12 chiropractic treatments for the lumbar spine, with sessions 2 times a week for 6 weeks. The CA MTUS recommends a 6-visit trial of chiropractic care, with additional treatment considered upon evidence of objective, functional improvement. 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:

12 Chiropractic visits 2x6 weeks, 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 MTUS Chronic Pain Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. The request is in excess of the Guidelines. The request for 12 chiropractic treatments for the lumbar spine, with sessions 2 times a week for 6 weeks is not medically necessary and appropriate.