

Case Number:	CM14-0154705		
Date Assigned:	09/24/2014	Date of Injury:	11/15/2012
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 50-year-old female with an 11/15/12 date of injury, and L4-L5 microlumbar decompression on 3/27/14. At the time (8/4/14) of request for authorization for Chiropractic treatment 2 x 6 to lumbar, there is documentation of subjective (neck and low back pain) and objective (decreased cervical and lumbar range of motion) findings, current diagnoses (lumbar spine disc herniation, lumbar spine radiculopathy, and cervical spine disc herniation), and treatment to date (medications, physical therapy, acupuncture, home exercise program, and 6 previous chiropractic treatments). Medical report identifies that treatments help to decrease the patient's pain and improve the patient's ability to sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 6 to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation, p Page(s): page(s) 58.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc herniation, lumbar spine radiculopathy, and cervical spine disc herniation. In addition, there is documentation of 6 previous chiropractic therapy treatments, functional deficits, and functional goals. However, despite documentation that chiropractic therapy treatments help to decrease the patient's pain and improve the patient's ability to sleep, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Chiropractic therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic treatment 2 x 6 to lumbar is not medically necessary.