

Case Number:	CM14-0166303		
Date Assigned:	10/13/2014	Date of Injury:	09/11/2012
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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 36-year-old male with a 9/11/12 date of injury, and L3-4 and L4-5 lumbar decompression on 2/24/14. At the time (8/27/14) of request for authorization for Chiropractic sessions x 12 for the low back, there is documentation of subjective (ongoing low back pain) and objective (tenderness over the midline and right of midline of the lower lumbar area and negative straight leg raising test) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy), and treatment to date (medications and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions x 12 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic manipulation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of a diagnosis of displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of functional deficits and functional goals. However, the requested number of treatments exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Chiropractic sessions x 12 for the low back is not medically necessary.