

Case Number:	CM13-0046222		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2003
Decision Date:	05/06/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 47 year old male with an industrial injury dated 07/12/2003. The only record submitted for review is dated 10/02/2013. The injured worker presents on this date complaining of lower back and head pain. Physical exam is documented as revealing tenderness in the lumbar spine. Diagnosis included lumbar spine strain with radiculopathy. Prior treatments are not documented. The provider requested 12 sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy (12-sessions): 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 Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care: Trial

of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, it appears the claimant has received ongoing treatment for his complaints. The amount of treatment rendered this claimant, and the response that treatment, was not available. ACOEM practice guidelines, chapter 2, page 19, medical history section, indicates that results of previous tests, treatments, or procedures is an essential part of the history and is essential prior to certifying any additional treatment or diagnostic testing. Therefore, the medical necessity for the requested 12 chiropractic treatments was not established.