

Case Number:	CM14-0147370		
Date Assigned:	09/15/2014	Date of Injury:	05/12/2006
Decision Date:	10/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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 Chiropractic, has a subspecialty in Pediatric Chiropractic, 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:

The injured worker is a 45-year-old individual with an original date of injury of 5/12/06. The mechanism of this industrial injury occurred when the patient suffered a repetitive motion injury to the neck, upper extremities, and low back, while working as a hairdresser. The patient has been treated with medications, physical therapy, acupuncture and a TENS machine. The Guidelines recommend an initial 6-visit trial of chiropractic treatment; therefore, the request is in excess of the Guidelines. There is no flare-up indicated. There is no documented objective, functional improvement from the conservative treatment provided. The disputed issue is a request for 12 Chiropractic treatments for the Lumbar Spine, with sessions 2 times a week for 6 weeks. 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 necessity 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:

Chiropractic Sessions 2x a Week for 6 Weeks to Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of six visits over 2 weeks, and up to 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The Guidelines recommend an initial 6-visit trial of chiropractic treatment; therefore, the request is in excess of the Guidelines. There is no flare-up indicated. There is no documented objective, functional improvement from the conservative treatment provided. The request for 6 additional chiropractic treatments for the neck is not medically necessary.