

Case Number:	CM13-0017919		
Date Assigned:	11/06/2013	Date of Injury:	12/16/2006
Decision Date:	01/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Chiropractic and Acupuncture, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 59 year old male who was involved in a work related injury on 12/16/2006. His primary diagnoses are lumbar degenerative disc disease, lumbosacral or thoracic neuritis, lumbar facet arthropathy, and piriformis syndrome. Prior treatment included oral medications, physical therapy, radiofrequency lesioning, injections, spinal cord stimulator, and chiropractic care. He suffers from chronic low back pain and radiating leg pain, but he had a recent flare-up starting 5/27/2013. The flareup initiated from the claimant picking up shampoo from the ground. The primary treating physician notes that the claimant has already been treated 12 chiropractic visits with improvement. There is some residual low back pain with forward flexion. There is tenderness upon palpation in the back and limited active range of motion. Orthopedic tests Kemp, Ely and yeoman are positive. MRI reveals multilevel degenerative disc disease and EMG reveals right L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Chiropractic QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, further chiropractic visits after initial trials are based on documented functional improvement. The employee has had an initial trial of chiropractic and has made improvement with the twelve sessions. However, the employee no longer has acute pain and the clinical findings within the medical records provided for review do not substantiate 12 further treatments without re-evaluation. If functional improvement can be documented, then up to 12 more treatments may be granted. Guidelines suggest that treatment beyond 4-6 visits should be documented with objective improvement in function. The request for Lumbar Chiropractic QTY 12 is not medically necessary and appropriate.