

Case Number:	CM13-0020810		
Date Assigned:	10/11/2013	Date of Injury:	12/15/2000
Decision Date:	01/06/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 licensed 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 physician 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:

The claimant is a 59 year old male who was involved in a work related injury on 12/15/2000. His primary diagnoses are lumbar disc displacement without myelopathy, disc herniation and subluxation right L5-S1. Prior treatment has included oral medications, physical therapy, injections, acupuncture, TENS unit, massage, RF ablation, and chiropractic. He suffers from chronic low back pain. MRI shows disc degeneration at L5-S1 and mild changes at L4-5. There is diffuse lumbar spondylosis with arthropathy at the right L4-L5 facet. The pain is described as aching and pressure that is worse in the morning. Aggravating factors include lifting, sitting, running, bending and lying down. The claimant has had extensive chiropractic although the actual total quantity is unknown. No objective functional improvement is noted and the chiropractor states that he expects to see the patient 1-2 times a week to manage his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment.: 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 Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, medical necessity for further chiropractic visits after an initial trial is based on documented functional improvement. The

claimant has had an unknown number of chiropractic sessions with no clinically significant functional improvement. There are an extensive number of chiropractic treatments that have been performed. There are no objective functional findings that are maintained through the treatment notes. The patient does not appear to be doing a home exercise program and has become dependent on weekly or bi-weekly chiropractic sessions. The claimant should be encouraged to transition off passive therapies and onto active therapies. Guidelines suggest that 1-2 treatments can be necessary every 4-6 weeks for flare-ups. The claimant has also likely exceeded the 24 visit maximum given the frequency of the treatments and the length of the injury. However, 8-16 over an 8 week period is not medically necessary. The request for further chiropractic treatments is not medically necessary and appropriate.

Chiropractic treatment starting on 4/1/13.: 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 Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, medical necessity for further chiropractic visits after an initial trial is based on documented functional improvement. The claimant has had an unknown number of chiropractic sessions with no clinically significant functional improvement. There are an extensive number of chiropractic treatments that have been performed. There are no objective functional findings that are maintained through the treatment notes. The patient does not appear to be doing a home exercise program and has become dependent on weekly or bi-weekly chiropractic sessions. The claimant should be encouraged to transition off passive therapies and onto active therapies. Guidelines suggest that 1-2 treatments can be necessary every 4-6 weeks for flare-ups. The claimant has also likely exceeded the 24 visit maximum given the frequency of the treatments and the length of the injury. However, 8-16 visits from over an 8 week period is not medically necessary.