

Case Number:	CM13-0021457		
Date Assigned:	12/11/2013	Date of Injury:	12/02/2011
Decision Date:	03/18/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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. 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:

This patient is a 57-year-old male who sustained an injury to his low back on 12/2/2011. MRI scans revealed degenerative disc disease with facet arthrosis. From 5/5/2013 to 7/24/2013 the patient received 15 chiropractic treatments. The chiropractic note suggests that these treatments have increased his functional improvement; however, the patient is still on the same work restrictions he was on in April 2012. The patient also feels that his pain is less although it does tend to fluctuate in severity and frequency. Request is made for 4 additional chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic sessions for lumber per RFA QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities.

"Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit, and a reduction in the dependency on continued medical treatment. Functional improvement is not documented adequately. Patient has no change in his work restrictions. There is no documentation of significant improvement in activities of daily living, and there has been no reduction in the dependency on continued medical treatment. In chronic pain cases, maintenance care is not medically necessary. For recurrence or flare-ups, one needs to reevaluate treatment success. If there is a decrease in work restrictions then 1-2 visits every 4-6 months as allow. Therefore, the medical necessity for additional chiropractic treatment has not been established.