

Case Number:	CM13-0034342		
Date Assigned:	12/06/2013	Date of Injury:	09/10/1999
Decision Date:	01/08/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 physician 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:

Claimant is a 68 year old female who was involved in a work related injury on 9/10/1999. Her primary diagnoses include chronic strain of antero-posterior tendons of lower extremities, exacerbated strain of the lumbo-sacral, illium/thoracic/ and femoracetabular complex subluxation. She has pain in the antero-lateral thigh, right costals, low back and sacral area, thighs and feet. There is a stipulated future medical award for chiropractic, but it is not included in the documentation. She has had 12 chiropractic visits from 4/6/12 to 9/11/13. There is no specific documentation of total number of visits rendered or objective and sustained functional gains. Through the documents submitted, the claimant has remained largely the same and appears to be coming in for maintenance care. The only variation is that she was involved in an MVA on 11/27/12. The only recent change is that she is able to sit 1 hour instead of 30 minutes. However, that was her status on 4/6/12 as well. She is documented to have tried physical therapy which was not helpful for the claimant. No other types of treatments are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro chiro for DOS 9/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: According to evidenced based guidelines, further chiropractic visits are medically necessary based on documented functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. Over the course of 4/6/12 to 9/11/13, there is no significant change in activities of daily living or discussion of reduction of work restrictions. At the end of the note on 9/11/12, the chiropractor states that the patient was evaluated and treated for symptoms of a chronic nature. There is no discussion on whether the claimant is actively participating in a home exercise program or details on functional goals with treatment. The functional change of being able to sit for 1 hour rather than ½ an hour was her baseline on 4/6/12. Guidelines do not support chiropractic treatment for maintenance care. No flareup is documented in the notes. Therefore due to lack of documented functional improvement, the chiropractic visit on 9/11/13 is not medically necessary.