

Case Number:	CM13-0036763		
Date Assigned:	12/13/2013	Date of Injury:	02/28/1986
Decision Date:	01/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

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 Care, has a subspecialty in 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. 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 claimant is a 60 year old female who was involved in a work related injury in Feb 1986. She has a flare up of her low back pain due to the changing weather according to a report dated 9/12/2013. She has difficulty sleeping due to pain and relies on medications for pain and symptomatic relief. There is decreased mobility in the lumbar spine and tenderness to palpation in the lumbar spine. Her diagnoses are lumbar sprain/strain with herniated nucleous pulposis and status post spinal fusion. There is submitted documentation for 13 chiropractic visits and 16 total approved chiropractic visits for this patient. There is no documentation of functional improvement from her last series of chiropractic treatments or a re-examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic sessions two times a week for six weeks for the lumbar spine: 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: According to evidenced based guidelines, further chiropractic care after an initial trial is medically necessary based on documented functional improvement. The claimant

has had 16 approved chiropractic visits, 12 in July and 4 in August 2012. There is no significant documented functional improvement in the submitted documentation. The chiropractor states that there is temporary decrease in pain which is not a functional improvement. Therefore 12 additional chiropractic visits are not medically necessary.