

Case Number:	CM13-0045226		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2009
Decision Date:	12/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 injured worker is a 40 year old male who reported low back pain from injury sustained on 02/10/09. The mechanism of injury was not documented in the provided medical records. The patient is diagnosed with lumbar sprain/strain, left disc protrusion, left leg radiculopathy, and left sacroiliac sprain. The patient has been treated with medication, therapy and chiropractic. Per medical notes dated 10/02/13, patient states "chiropractic treatment gives me immediate relief". Per medical notes dated 10/24/13, patient has constant chronic pain in the lower lumbar spine that flares intermittently causing more of an antalgic gait. The patient is a candidate for surgery. He indicates he is getting good function benefit from pharmacological support. His activities of daily living seem to be improving or at least he is able to accomplish them with less difficulty with medication. The provider requested additional 8 chiropractic treatments which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment for the Lumbar Spine (8 Sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 10/02/13, the patient states "chiropractic treatment gives me immediate relief". The provider requested additional 8 chiropractic sessions for lumbar spine which were modified to 6 by the utilization reviewer. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 8 Chiropractic visits are not medically necessary.