

Case Number:	CM13-0050894		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2012
Decision Date:	05/16/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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, has a subspecialty in California, 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:

Claimant is 48 year old male who sustained a work related injury on 6/20/2012. Prior treatment includes physical therapy, chiropractic, work modifications, and oral medications. His diagnoses are spondylolisthesis with pars defect at L5-S1, 1 2mm instability of L5 on S1, chronic lumbar strain, hypertension, and sleep disturbance. Per a report dated 9/25/2013, the claimant has low back pain. Medication has been helping. A trial course of chiropractic is being requested. The claimant was returned to modified work. Prior chiropractic treatment was rendered in 2012 and most recently 6 session on 2/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 X WK X 3 WKS LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living, or a

reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an unknown quantity of chiropractic treatment. However he has had six visits of chiropractics in 2013 with no documented functional improvement. It is unclear whether he has reached the chiropractic visit maximum. Therefore further chiropractic is not medically necessary with the submitted documentation.