

Case Number:	CM14-0005926		
Date Assigned:	03/03/2014	Date of Injury:	10/15/2013
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 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 43-year-old male, who sustained a work-related injury on 10/15/2013. His diagnoses are lumbar strain/sprain, radiculitis, and myospasms. Per a progress report (PR-2) dated 11/18/2013, the claimant has low back pain with radiation to the left extremity. The pain increases when he sits down at night and decreases with movement. The claimant also has psychological symptoms. He has antalgic gait and tenderness on palpation to the affected area. He has restricted range of motion and positive sitting root and straight leg raise. Prior treatment has included physical therapy and oral medications. The claimant has had six (6) sessions of chiropractic and on his sixth chiropractic visit, it is noted that he is the same and not feeling any better.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT WITH CHIROPRACTOR SUPERVISED PHYSIOTHERAPY TWO (2) TIMES A WEEK TFOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: The Chronic Pain Guidelines indicate that 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 initial trial of chiropractic; however the provider failed to document functional improvement associated with the completion of his chiropractic visits. In addition the provider has documented that the claimant feels no improvement. Therefore further chiropractic is not medically necessary.