

Case Number:	CM14-0008156		
Date Assigned:	01/28/2014	Date of Injury:	03/31/2011
Decision Date:	02/04/2014	UR Denial Date:	12/19/2013
Priority:	Expedited	Application Received:	01/22/2014

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 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 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 a 27 year old male who was involved in a work related injury on 3/31/2011. The claimant has low back pain and right leg pain. His diagnoses are chronic low back strain with sensory neuropathy of the right lower extremity. He has an unremarkable physical exam and minimal muscular discomfort when bending. He is not on any medications and it is unclear what prior therapies have been performed. His latest PR-2 dated 11/27/2013, the physician states that the claimant has not received any therapy. However, he states in the next sentence that they will reorder therapy (12 visits ordered) which should be nine visits total.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments x12 visits: 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, an initial trial of chiropractic consists of six visits. A request for 12 visits exceeds the 6 visit recommendation and is therefore not medically necessary. If this is not an initial request, there is the lack of documentation of any

functional improvement achieved from prior visits. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Without documented functional improvement, further chiropractic is not recommended. It is unclear whether prior chiropractic has been rendered or if this is an initial trial. However, 12 chiropractic visits is not medically necessary as an initial trial or as a follow up request.