MAXIMUS Federal Services

Case Number:	CM14-0111561		
Date Assigned:	08/01/2014	Date of Injury:	04/04/2013
Decision Date:	10/28/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/17/2014

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 Doctor of Chiropractic, 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:

Claimant is a 51 year old male who sustained a work related injury on 4/4/2013. Six chiropractic visits were authorized on 4/25/2013. Per a PR-2 dated 6/5/14, the claimant reports constant pain in the mid low back that is aggravated by bending, lifting, twisting, and pushing, pulling, prolonged sitting, standing, and walking multiple blocks. The claimant is working full duty. His diagnoses are thoracic disc degeneration and lumbago. Prior treatments include physical therapy, medications, chiropractic, TENS, and home exercises. Per a Pr-2 dated 9/5/2014, the claimant reports intermittent and frequent lower back pain worse with prolonged sitting, prolonged standing, and walking. Repetitive lifting, bending, twisting, stooping as one does when performing basic activities of daily living increases lower back pain. Oswestry score is 20. His diagnoses are lumbar disc herniation, spinal enthesopathy, lumbar degenerative disc disease, and myospasms. He is working full duty. Per a PR-2 dated 4/9/2014, the claimant reports that therapy helped and he has less pain, spasm, and better movement. Currently he complains of tightness in the low back and denies any radicular complaints. The claimant states that chiropractic is the only thing that helped decrease pain and increase range of motion/activities. Fourteen sessions of chiropractic were rendered in 2013. He then had another 8 sessions of chiropractic in February and March of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x6 thoracic spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant has had 22 prior chiropractic sessions authorized. A request for 12 further chiropractic visits exceeds the 24 visit maximum. Also, the guidelines only recommend 1-2 visits every 4-6 weeks and a request for 12 visits exceeds the guidelines. Therefore further visits are not medically necessary.