

Case Number:	CM14-0159508		
Date Assigned:	10/01/2014	Date of Injury:	03/27/2006
Decision Date:	11/12/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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 licensed in 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:

The patient is reported to be a 46 year old female with a reported injury of 3/27/2006. Treating diagnosis: lumbago. A request for additional Chiropractic care was dated 8/6/14 addressing the patient continuing complaints of lower back pain. She had recently received an epidural corticosteroid injection on 7/2/14 at L-4/5 with 40% decrease in pain; residual lower back pain was noted. This was followed by a request for 6 additional Chiropractic visits, the number of previous applications not known. Not addressed in the request for additional care was the patients past history of functional improvement following manipulation. On 8/25/14 a UR determination denied further Chiropractic care stating that the medical records as reviewed failed to address the number or previous sessions together with no reported clinical evidence of functional deficits that additional Chiropractic manipulation would benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 Sessions Low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-9.

Decision rationale: In reviewing the medical records, the 8/6/14 PR-2 report from [REDACTED] documented the patients past treatment history to include PT, Chiropractic, medication management and surgical intervention none of these increasing her functionality or decreasing her pain. 40% reduction in pain was attributed to the 7/2/14 LESI at L-4/5. There was no report of the patient's frequency of care since the date of injury of what functional improvement was obtained with applied care. CA MTUS Chronic Treatment Guidelines requires of the provider requesting care clinical evidence of objective clinical evidence of functional improvement following prior treatment; none was provided leading to an appropriate determination to deny further Chiropractic care, 6 visits as requested on 8/6/14. The UR determination to deny care was also appropriate and supported by referenced CA MTUS Chronic Treatment Guidelines-manual therapy. Therefore the request is not medically necessary.