

Case Number:	CM14-0175779		
Date Assigned:	10/28/2014	Date of Injury:	09/14/2013
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 35 year old male with a date of injury of 9/14/13. [REDACTED] is reported to be the managing physician who requested 6 additional Chiropractic visits in his PR-2 of 10/1/14. He presented with 4/10 lower back pain improved with medications. Examination deficits included dermatome loss over the medical calf and lateral calf on the left. Diagnoses: lumbar neuritis/radiculitis. No imaging was reported. The patient reported being s/p 23 Chiropractic visits prior to this reevaluation. [REDACTED] is requesting an additional sessions. 10/16/14 denied the request for the additional 6 Chiropractic visits supporting the determination with ACOEM/ODG Guidelines reference to functional improvement needed after the initial trial of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic manipulation for the lumbar spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2- Summary of Recommendations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section; Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58 59.

Decision rationale: ACOEM/ODG Guidelines requires of the requesting provider clinical evidence of functional improvement after the initial trial of care. The patient is status post 23 Chiropractic visits with no clinical reference in the reviewed records that functional improvement was obtained with the 23 visits provided. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. These criteria for consideration of additional care were not providing leading to the appropriate denial of the requested Chiropractic visits. Therefore, the request for additional chiropractic manipulation for the lumbar spine, 6 sessions is not medically necessary and appropriate.