MAXIMUS Federal Services

Case Number:	CM14-0176917		
Date Assigned:	10/30/2014	Date of Injury:	10/18/2013
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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, 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 32 year old female who sustained a work related injury on 10/18/2013. Per a PR-2 dated 10/10/2014, the claimant has had 8/8 chiropractic treatments and feels that she is 70-80% better. Lower back pain is not all gone and mid back is tight. Right leg tingling is mostly gone. She is doing her exercises and working. Her lumbar range of motion (ROM) has increased to 90% and Oswestry is 37/50. Her right EHL strength is normal. Per a PR-2 dated 10/7/2014, her range of motion is 80% improved and she has weakness in the right EHL muscle. Her diagnoses are lumbosacral sprain/strain, sciatica, and thoracic sprain/strain. Other prior treatment includes physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits for The Back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Visits.

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, 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 may be necessary. The claimant had eight prior chiropractic visits with improvement in range of motion and strength. Therefore, the request for 6 Chiropractic Visits is medically necessary.