

Case Number:	CM14-0181403		
Date Assigned:	11/06/2014	Date of Injury:	02/06/2003
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Chiropractor 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 59 year old male who sustained a work related injury on 2/6/2003. Per a PR-2 dated 9/15/2014, the claimant has increased symptoms in his left foot and increased numbness and weakness in his left leg and is now dragging his left foot. He is losing control of his bladder. He reports that he has not started is post-op rehabilitation due to pain. His diagnoses are status post microlumbar decompressive surgery bilaterally, multilevel severe neural foraminal narrowing of lumbar spine, degenerative disc disease and facet arthropathy of lumbar spine, left sided numbness, lumbar radiculopathy, and left knee pain. Prior treatment includes surgery, injections, chiropractic, physical therapy, and medications. Per a PR-2 dated 5/16/14, the claimant has been evaluated and treated with chiropractic and is starting a treatment plan of 2x4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Rehabilitative Therapy Treatment to The Lumbar Spine for 6 Sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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. It is unclear how many total chiropractic visits were rendered and whether the claimant had already exceeded the 24 visit maximum prior to this visit. The claimant had at least one treatment and evaluation on 5/16/14. There is no documentation of prior functional benefit from chiropractic care and he has already had chiropractic care post surgically. Also, given the presentation of the claimant on the latest PR-2, the claimant's symptoms are not suitable for chiropractic care. Therefore further visits are not medically necessary.