

Case Number:	CM14-0192245		
Date Assigned:	11/25/2014	Date of Injury:	07/23/2009
Decision Date:	01/13/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 in Chiropractic 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:

The injured worker is a 62 year old male who reported low back pain from injury sustained on 07/23/09. Patient is diagnosed with radiculitis; lumbar disc degeneration. Patient has been treated with medication, therapy and chiropractic. Per medical notes dated 06/18/14, patient complains of intermittent low back pain rated at 5/10, prior to this was occasional low back pain rated at 7/10. Per medical notes dated 10/02/14, patient complains of low back pain. He overall is doing quite well. His sitting, standing and walking tolerance is 2 hours. Pain is rated at 2/10. He is requesting more chiropractic care. He notes that with chiropractic he has an increase in his ability to perform lifting. He states that his sitting and standing tolerance improved with chiropractic care. He is no longer requiring medication and he is returning to the work force. Provider requested additional 8 chiropractic treatments which were non-certified by the utilization reviewer. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care times 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions for lumbar spine. Per guidelines, 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. Requested visits exceed the quantity supported by cited guidelines. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.