

Case Number:	CM14-0047395		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2012
Decision Date:	10/08/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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:

Claimant is a 60 year old male who sustained a work related injury on 2/8/2012. Per a PR-2 dated 8/24/12, the claimant feels much better about the way he felt prior to this recent flare. He has lower back pain but is better but aggravated by various activities. His diagnoses is bilateral hip degeneration of arthritis right worse than left, lumbosacral disc disease without evidence of clinical radiculopathy, and lumbar segmental dysfunction. He is working with restrictions. Per a PR-2 dated 11/8/2013, the claimant had a flare up of lower back and upper leg pain. He continues to have stiffness and pain with being on his feet a lot although he tries to walk and stay active. Overall he was doing better with recent treatment but today is flared. His diagnoses are now post surgical bilateral hip replacement, lumbosacral disc disease without evidence of clinical radiculopathy, lumbar segmental dysfunction with spasms, and probably lumbar radiculopathy left side. He is scheduled to be treated 2 times a week for four weeks. Per a PR-2 dated 12/11/2013, the claimant reports doing better over the last four weeks with less leg pain and overall less back pain with greater ability to walk until today when he reported a flare of lower back pain. The flare is not as bad as prior. Because of his continued flares and difficulty in stabilizing his back after his recent bilateral hip replacement surgeries, he will pursue getting an MRI of his back. Per a request for payment on 1/6/2014, the claimant had chiropractic treatment for a flare originating on 7/16/12-8/24/12. After six visits, he was about the same as he was initially because of a flare-up on his 4th visit. After the remaining six visits, his pain was reduced from a 6/10 to a 5/10 and his lumbar ranges of motion increased. He had less spasms, less tenderness, and was able to sit, stand, and carry, and lift items without significant pain. The provider also notes that the claimant had bilateral hip surgery in 2013 and had six chiropractic visits after the two surgeries. The provider stated it was obvious that after the second surgery that

that claimant's overall condition was deteriorating. He was having more persistent and more severe lower back and left groin and left leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective chiropractic treatment for DOS 8/22/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have a trial of treatments with no significant improvement. Therefore further visits are not medically necessary.

Retrospective chiropractic treatment for DOS 8/24/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have a trial of treatments with no significant improvement. Therefore further visits are not medically necessary.

Retrospective chiropractic treatment for DOS 11/27/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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. The claimant has already exceeded the 24 visit maximum on chiropractic prior to his surgical interventions. Since he had bilateral hip surgery, the claimant has also had six visits of acupuncture which would constitute a trial. The provider documented that the claimant's condition was deteriorating. Without documented functional improvement from the prior six visits, further chiropractic is not necessary.