

Case Number:	CM14-0079232		
Date Assigned:	07/18/2014	Date of Injury:	12/22/2013
Decision Date:	10/21/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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 & 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 claimant is a male who sustained a work related injury on 12/22/2013. Per a Pr-2 dated 5/30/2014, the claimant describes spiking of lower back pain as well as radicular left lower extremity pain coursing the L4-5, L5 S1 dermatome levels described at 6-7 on a scale from 1-10. His diagnoses are lumbar sprain/strain, and lumbar radiculopathy. Since 5/9/14, the claimant has had 4 chiropractic treatments. Following the initial three visits, the claimant responded well to treatment and described pain as 3-4/10. Just prior to today's visits, the claimant took it upon himself to walk 2 hours to test his back. He is off work. The provider is requesting acupuncture. According to a prior UR review dated 5/7/14, the claimant has received 18 chiropractic treatments to date. Two chiropractic visits were authorized to deal with a flare-up documented on 5/1/14 after the claimant walked at the zoo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic to the lumbar X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & 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. The claimant has had 22 previously authorized visits. The claimant has had 4 visits in May 2014 to deal with a flare-up noted on 5/1/2014. Further visits are not medically necessary to deal with a flare-up in the same month documented on 5/30/14. The claimant has already exceeded twice the recommended amount of visits in 4-6 weeks from 5/1/14-5/30/14. Therefore, the request is not medically necessary per MTUS guidelines.