

Case Number:	CM14-0083450		
Date Assigned:	07/21/2014	Date of Injury:	08/31/1999
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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:

Claimant is a 46 year old male who sustained a work related injury on 8/31/1999. Per a Pr-2 dated 7/21/2014, the claimant returns with a flareup of pain to his lower back, right shoulder, and neck. He states the pain also radiates from his low back to his right thigh and leg. The pain is severe with an increase of activity. The onset of the flare was two days ago without relief. The claimant states he is still feeling the effects of his last aggravation due to lack of treatment. His diagnoses are extrusion of lumbar IVD, lumbar radiculitis, and degeneration of cervical IVD. He is working full duty. Prior treatment includes chiropractic and oral medication. There are also flare-ups documented on 5/17/14 and 2/12/14. According to a prior UR review, the claimant had 5 chiropractic visits prior to 5/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for lumbar quantity 5: 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, chiropractic care is recommended at 1-2 visits every 4-6 months for flare-ups given the success of prior treatments. Progress reports document that the claimant had a flare up in 2/2014, 5/2014, and 7/2014 with 5 visits being requested each time for the flare. Each time, the provider states that chiropractic has helped in the past. There is no specific documentation on exact progress after treatment is provided. It also is unclear how many total sessions that the claimant has had and if it has exceeded the maximum recommended guidelines. However, a prior UR review states that the claimant has had 5 visits prior to 5/2014. Therefore, the claimant has already been provided chiropractic treatment which exceeded the recommended guidelines for this timeframe. Further chiropractic is not medically necessary.