

Case Number:	CM13-0070687		
Date Assigned:	01/17/2014	Date of Injury:	06/23/2010
Decision Date:	04/24/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 54 year old female who sustained an industrial injury reported on 6/23/2010. She has reported a mild-to-moderate flare-up of low back pain. The diagnoses have included lumbar spine; lumbago; and lumbosacral disc bulge with possible herniation. Treatments to date have included consultations; diagnostic imaging studies; initial chiropractic treatments + additional treatments for flare-up; physical therapy sessions; acupuncture treatments for the low back; lumbar medial branch block surgery; epidural steroid injection therapy; home exercise program; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary and on modified work duties. Per a PR-2 dated 6/27/13, the claimant has increased pain to the low back with leg pain and is having an acute flare-up. She remains permanent and stationary. On 12/13/2013, Utilization Review (UR) modified, for medical necessity, the request, made on 6/27/2013, for 4 chiropractic adjustments - to 1 chiropractic adjustment. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, manual therapy and manipulation, low back, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Chiropractic Adjustments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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 months may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have a chiropractic treatment with no objective functional benefit. The claimant had one chiropractic visit approved and there is no documentation of completion of that treatment or of any functional benefit from chiropractic. Therefore, further chiropractic visits are not medically necessary.