

Case Number:	CM14-0118269		
Date Assigned:	08/06/2014	Date of Injury:	07/21/1999
Decision Date:	04/21/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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 50 year old female, who sustained an industrial injury on 7/21/99. She has reported low back injury. The mechanism of injury was not noted. The diagnoses have included lumbosacral sprain/strain. Treatment to date has included medications, 2 chiropractic sessions, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 6/2/14, the injured worker complains of low back pain that was frequent to moderate, left sacroiliac joint pain frequent minimal to moderate and left thigh numbness intermittent minimal to slight and described as the onset of a flare up of pain. The physical exam revealed lumbar range of motion was decreased with moderate low back pain; the straight leg test was positive bilaterally and increased the low back pain with associated left leg numbness and pain. There was mild muscle spasms noted in the low back and tenderness in the left sacroiliac. The current medications were not noted. Flareup has been controlled with two visits. She is not working and has not worked since 10/9/13. The Treatment Plan included a request for authorization for Retrospective request for 2 visits of chiropractic treatment for the lumbar spine, outpatient, on 5/28/14 and 6/2/14 for control flare up. Per a PR-2 dated 3/6/2014, the claimant has pain in the lumbar spine frequent slight to severe, left sacroiliac pain frequent to minimal and left thigh numbness frequent minimal to moderate. Above symptoms significantly decrease with treatment. Chiropractic manipulation was performed on 1/22/14 and 2/5/14. Per a PR-2 dated 1/8/2014, the claimant has pain in the lumbar spine frequent slight to severe, left sacroiliac pain slight to severe and left thigh numbness frequent minimal to slight.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Retrospective request for 2 visits of chiropractic treatment for the lumbar spine, outpatient, on 5/28/14 and 6/2/14 for control flare up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

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 these visit. However, the claimant did already have extensive chiropractic over the life of the injury. The provider states that there is a flare-up of the claimant's condition, but there does not appear to be a flare-up. There is similar documentation over the course of the last two years per visit. Furthermore the claimant is not working so the 1-2 visits for flareups are not necessary. Therefore two retrospective chiropractic visits are not medically necessary.