

Case Number:	CM14-0120260		
Date Assigned:	08/06/2014	Date of Injury:	04/10/2012
Decision Date:	04/23/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 46 year old female, who sustained an industrial injury on April 10, 2012. She reported an injury that occurred in the course of her usual work duties. The injured worker was diagnosed as having lumbar radiculitis and lumbar radiculopathy. Treatment to date has included diagnostic studies, injections, chiropractic treatment, TENS unit and medications. On June 23, 2014, the injured worker complained of neck pain, low back pain and lower extremity pain bilaterally in the buttocks. The pain is rated as a 7 on a 1-10 pain scale with medications and as a 9/10 on the pain scale without medications. The pain is aggravated by activity and walking. The treatment plan included additional weeks of chiropractic therapy, medications and follow-up visit. Notes stated that a left L4-S1 transforaminal steroid injection was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Chiropractic Treatments For The Lumbar Spine, 2 Times A Week For 4 Week As An Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; work Loss Data Institute, LLC Corpus Christi, TX www.odg-twc; Section: Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks. It is not recommended for elective/maintenance care. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. According to 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The patient had chiropractic therapy in the past. According to the progress report dated 2/5/2014, the patient reported that chiropractic treatments provided temporarily relief. There was no objective documentation of functional improvement from prior chiropractic treatments. Therefore, the provider's request for 8 additional chiropractic sessions for the lumbar spine is not medically necessary at this time.