

Case Number:	CM14-0120569		
Date Assigned:	08/06/2014	Date of Injury:	08/31/1999
Decision Date:	02/13/2015	UR Denial Date:	07/24/2014
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. The expert reviewer is licensed in Chiropractor (DC), 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 47-year-old male who was involved in a work injury on 8/31/1999. The mechanism of injury and entire post injury treatment history was not available for review. On 4/2/2014 the claimant was evaluated by [REDACTED], for complaints of ongoing right leg pain. This report indicated that the claimant has undergone a course of physical therapy that proved to be helpful in the past. The claimant was diagnosed with lumbar intervertebral disc degeneration, low back pain, lumbar intervertebral disc displacement without myelopathy, and lumbar stenosis. This report indicated that the claimant "had an AME with [REDACTED] over the interim. He would like continuation of his chiropractic therapy." The request was for 12 chiropractic treatments. On 5/12/2014 [REDACTED] submitted a request for treatment at 2 times per week for 6 weeks. On 5/17/2014 [REDACTED], submitted a progress report for complaints of aggravation of moderate to severe pain in the lower back, right shoulder, and neck at 8/10 on the visual analogue scale of 3 days duration. The recommendation was for 5 chiropractic treatments. On 5/29/2014 the request for 5 chiropractic treatments was denied by peer review. The rationale for denial was that "the claimant had 5 visits prior to the 5/17/2014 visit, however, there is limited documentation of responses to care before considering an additional chiropractic treatment." On 7/19/2014 the claimant was reevaluated by [REDACTED], DC, for complaints of a flareup of his lower back, right shoulder, and neck pain. The claimant's pain levels were noted to be 8-9/10 on the visual analogue scale. The claimant was diagnosed with extrusion of the lumbar IVD, lumbosacral radiculitis, and degeneration of cervical IVD. The recommendation was for a course of 5 treatments over 3 weeks to address the exacerbation. This request was denied by peer review based on the "limited documentation of objective functional gains from care to support an additional treatment." The purpose of this review is to determine the medical necessity for the requested 5 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for lumbar QTY:5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation section Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." According to the report dated 4/2/2014 from [REDACTED] the claimant "would like continuation of his chiropractic therapy." This suggests that the claimant had received a course of chiropractic treatment prior to 4/2/2014. The claimant then returned to the office of [REDACTED] DC, on 5/17/2014 at which time a request for 5 treatments was submitted. This was denied because there was an absence of documented functional improvement as a result of the prior course of treatment. The claimant then returned on 7/19/2014 complaining of continued lower back pain. Again, there was a request for 5 treatments. This request was denied based on the absence of documented functional improvement as a result of the prior course of care. The submitted appeal contained no documentation indicating the claimant's response to the prior course of treatment. Therefore, based on the absence of functional improvement as a result of the previous course of care, the medical necessity for the requested 5 additional treatments was not established.