

Case Number:	CM14-0122893		
Date Assigned:	08/08/2014	Date of Injury:	06/10/1997
Decision Date:	04/08/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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:

This 64 year old woman sustained an industrial injury on 6/10/1997 after a fall. Current diagnoses include chronic low back pain, myofascial pain syndrome, and bilateral trochanteric bursitis. Treatment has included oral medications, physical therapy, TENS, acupuncture, chiropractic, aqua therapy, SI joint injections. Physician notes dated 6/13/2014 show low back, sacral, and hip pain. Recommendations include continuing medications with an increase to the Gabapentin dosage and five additional chiropractic sessions. Per a Pr-2 dated 10/14/2013. The claimant had chiropractic in the past with moderate relief. Per a Pr-2 dated 1/8/2014, the claimant had chiropractic approximately 5 years ago with 60-70% relief of pain. Per a PR-2 dated 2/7/2014, the claimant has been authorized six visits of chiropractic. Per a PR-2 dated 5/8/2014, the claimant has noted some improvement now that she has established with [REDACTED] for chiropractic. Per a Pr-2 dated 6/13/2014, the claimant obtains relief/improvement from chiropractic. The provider is requesting a trial of gabapentin to get her pain under better control. On 7/14/2014, Utilization Review evaluated a prescription for six additional chiropractic sessions for the lumbar spine that was submitted on 7/21/2014. The UR physician noted that the worker has frequent complaints of right sided lumbar pain, however, does not include the amount of sessions the worker has already received as this injury occurred in 1997. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional chiropractic therapy for the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. The claimant had chiropractic in the past and recently another six visits of chiropractic. However, the provider did not submit any documentation of objective functional improvement. Also the provider is recommending a trial of gabapentin to help manage pain right after six visits of chiropractic so there is an increase of medication. Therefore, further visits are not medically necessary.