

Case Number:	CM14-0143368		
Date Assigned:	10/16/2014	Date of Injury:	12/19/2010
Decision Date:	01/06/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is licensed in Chiropractic and Acupuncture 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:

This 62 year old female sustained an industrial related injury on 12/19/2010 when a resident kicked her. It was noted that the injured worker sustained additional injury on 01/08/2013 while driving a school bus. The results of the first injury included a compression fracture at the L1 level. A QME report, dated 06/17/2014 was provided for review. According to this report, treatment to date has included 6 chiropractic office visits, oral medications, use of a back brace, pain management, and various injections. This report also referenced MRIs, dated 12/30/2011, 01/07/2011 and 07/02/2011, which showed a compression fracture at the L1 level. Current complaints included low back pain and left hip pain. Current diagnoses include low back pain, disorders of the sacrum, pain in joint, left hip pain, and sciatica pain. The physical exam revealed flexibility when bending over with some noted stiffness bilaterally. Bending was noted to be 20 and extension of the back was noted to be 10. There was no restriction of motion up exam of the left hip, and straight leg raise was 80. The 4 chiropractic office visits were requested for the treatment of low back and left hip pain. There were no active treatments in place around the time the chiropractic visits were requested. The injured worker's pain was increased. Activities of daily living were worsened due to the increased pain. Work functions were noted as permanent and stationary. Dependency on medical care was unchanged. On 09/02/2014, Utilization Review modified a prescription for 4 chiropractic office visits which was requested on 08/13/2014. The requested 4 chiropractic visits were modified to 2 chiropractic visits based on the injured worker's previous chiropractic sessions, and the recommended guidelines of 1-2 visits every 4-6 months for flare-ups. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of 4 chiropractic office visits to

2 chiropractic office visits. The claimant had at least 6 visits of chiropractic in 2011, 6 visits in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Chiropractic Office Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 weeks 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 at least 20 approved chiropractic sessions. There is no documentation of clinically significant objective improvement and two visits were allowed for the flare-up in question. There is no documentation of a further flare-up or documentation of functional improvement from the approved sessions. Therefore further visits are not medically necessary.