

Case Number:	CM14-0179848		
Date Assigned:	11/04/2014	Date of Injury:	03/21/2014
Decision Date:	01/02/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in 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:

The injured worker is a 56 year old female who reported low back pain from injury sustained on 03/21/14 due to slip and fall. The patient is diagnosed with lumbar facet syndrome and lumbar radiculopathy. The patient has been treated with medication, epidural injection, acupuncture and chiropractic. Per medical notes dated 08/26/14, she recently started chiropractic and acupuncture, but states she had increased symptoms on her first visit. She continues to have a lot of pain in her low back and pain radiating down back of her right leg. Examination revealed tenderness over the paralumbar region with limited flexion and antalgic gait. Per medical notes dated 10/16/14, the patient complains of chronic low back pain. The patient was having chiropractic treatment that seemed to help a little bit as well. The provider requested additional 6 chiropractic sessions for lumbar spine which were denied by the utilization review on 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic care to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 08/26/14, she recently started chiropractic and acupuncture, but states she had increased symptoms on her first visit. Per medical notes dated 10/16/14, the patient complains of chronic low back pain. The patient was having chiropractic treatment that seemed to help a little bit as well. The provider requested additional 6 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 6 Chiropractic visits are not medically necessary.