

Case Number:	CM14-0186781		
Date Assigned:	11/14/2014	Date of Injury:	02/03/2011
Decision Date:	01/30/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/07/2014

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 Board Certified in Chiropractor (DC), 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 40-year old female with a date of injury 2/3/2011 from a MVA causing lower back injury and right hand injury. The injured worker received medication management, physical therapy, acupuncture, chiropractic treatment, epidural steroid injections, radiology studies, electromyography, and nerve conduction studies. The injured worker's diagnosis was Right lateral epicondylitis, right carpal tunnel syndrome, lumbar discopathy, lumbago, lumbar facet arthropathy and lumbar radiculopathy. The injured worker was followed up with orthopedic MD and pain specialists. The follow up visit with MD on 10/9/2014 the injured worker continues with complaints of severe low back radiating into lower extremities aggravated by lifting, pushing, pulling, prolonged sitting, standing and walking distances. The MD ordered for chiropractic treatments, continue with medications, and epidural steroid injection and B12 injection were given. On 10/20/2014 Utilization Review non-certified for Chiropractic 2 times 4 to the lumbar spine. Per MTUS Chronic pain not medically necessary, recurrence/flare up need to be re-evaluated treatment success.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 8 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions which were non-certified by the utilization review on 10/20/14. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.