

Case Number:	CM14-0189794		
Date Assigned:	11/20/2014	Date of Injury:	08/29/2002
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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:

The injured worker is a 48 year old male who reported low back pain from injury sustained on 08/29/02. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with L3-4 and L4-5 lumbar disc herniation. Patient has been treated with medication, therapy and extensive chiropractic. Per Chiropractic notes dated 07/17/14, patient complains of moderate to severe pain in the lumbar and sacral region. Per chiropractic progress notes dated 09/26/14, patient complains of moderate pain in the lumbar and sacral region. Examination revealed muscle spasms in the lumbosacral and thoracic region. Per medical notes dated 10/13/14, he described that his back has been relatively stable. He continues to get the most relief with chiropractic type treatments. The last authorization was for 6 visits, so he has been spacing them out, and he has noticed some increased symptoms because of this. Provider requested additional chiropractic sessions once a month for 6 months for lumbar spine. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor once a month for six months: Upheld

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

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 chiropractic sessions once a month for 6 months for lumbar spine. Per Chiropractic notes dated 07/17/14, patient complains of moderate to severe pain in the lumbar and sacral region. Per chiropractic progress notes dated 09/26/14, patient complains of moderate pain in the lumbar and sacral region. 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 which were not documented in the provided medical notes. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. Furthermore, California Medical Treatment utilization Schedule (MTUS) guidelines do not recommend Chiropractic treatments for maintenance care. Per review of evidence and guidelines, Chiropractic visits once a month for 6 months are not medically necessary.