MAXIMUS Federal Services

Case Number:	CM14-0193838		
Date Assigned:	12/01/2014	Date of Injury:	04/09/1991
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 a licensed Chiropractor & Acupuncturist, 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 patient is a 71 year old male who suffered an industrial related injury on 4/9/91 after a fall. Patient is diagnosed with vertebral subluxation, low back pain and sciatica. A chiropractor's report dated 7/23/14 noted the injured worker had complaints of low back pain and left leg pain and numbness. The chiropractor noted chiropractic care was not scheduled at that time but was provided to manage pain and disability when it is not responding to a home exercise program. It was noted that the injured worker's pain and numbness had not responded to the most recent chiropractic treatment or to the home exercise program therefore further chiropractic treatment was requested. The treating chiropractor's report date 10/29/14 noted additional chiropractic treatment was provided and did relieve the injured worker's pain for a short time but that the pain returned. The chiropractor noted the injured worker's low back pain, left sciatica and numbness persisted and only responded briefly to the home exercise program. It was also noted that due to previous success with chiropractic treatment additional treatments are requested to manage the current flare up. On 11/12/14 the utilization review (UR) physician denied the request for 2 chiropractic visits for the lumbar spine. The UR physician noted the injured worker had chiropractic treatments on 7/23/14, 9/5/14, and 9/29/14 in which he had no progress. Additional chiropractic treatments are not warranted as the most recent treatments did not yield improvement in function or pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Chiropractic Visits for the lumbar spine: 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 and 59.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2 chiropractic sessions for lumbar spine flare-up which was non-certified by the utilization review. The treating chiropractor's report date 10/29/14 noted additional chiropractic treatment was provided and did relieve the injured worker's pain for a short time but that the pain returned. The chiropractor noted the injured worker's low back pain, left sciatica and numbness persisted and only responded briefly to the home exercise program. It was also noted that due to previous success with chiropractic treatment additional treatments are requested to manage the current flare up. 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 2 Chiropractic visits are not medically necessary.