

Case Number:	CM14-0195737		
Date Assigned:	12/03/2014	Date of Injury:	01/08/2014
Decision Date:	01/23/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/21/2014

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) 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 forty-year old female who sustained a work-related injury on January 8, 2014. A request for chiropractic/physiotherapy with HEP to the lumbar spine and left knee one timer per week for four weeks was non-certified by Utilization Review (UR) on October 17, 2014. The UR physician determined that there was no documentation to support the medical necessity of in-office treatment rather than an independent home exercise program for pain management and further core strengthening. The UR physician referenced the CA MTUS guidelines which recommend that chiropractic therapy be used for the treatment of musculoskeletal pain with the intended goal or effect the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the therapeutic home exercise program. A request for Independent Medical Review (IMR) was initiated on November 18, 2014. A review of the medical documentation submitted for IMR included a chiropractic evaluation dated October 8, 2014. The chiropractor documented that the injured worker had minor increased spinal pain with the Adams test. She was able to complete all cardinal ranges of motion with reported mild painful stretch-like discomfort at the left side and radiating to the left sacro-iliac joint area. The provider documented that the injured worker's objective functional improvements included increased lower back mobility and strength in injured areas, decreased low back pain intensity and quality, increased ability to use her lower back in her activities of daily living, marked decreased pain and increased comfort with her now frequent left lower back pain, no reliance on pain medication and a return to all daily activities with minor residual left back discomfort. The provider documented that the injured worker had demonstrated good steady improvement in all rehabilitation goals. There was no documentation of specific functional gains in specific activities of daily living. The remaining deficits included continue subjective and objective pain, decreased active ranges of mobility of injured areas,

decreased strength of injured areas, decreased ability to continue with ADLs as due to industrial pain. The injured worker had returned to her usual and customary work and daily activities since March, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro-physio therapy with HEP to the lumbar spine and left knee; 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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 4 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. 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. 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. Patient has had 33 chiropractic visits which exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 4 chiropractic visits are not medically necessary.