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| Case Number: | CM14-0198590 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 09/15/2010 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 40 year old female who reported low back pain from injury sustained on 09/15/10 while lifting. MRI of the lumbar spine revealed mild multilevel degenerative changes mildly effacing the left subarticular recess abutting without evidence of impingement on the left L5 nerve. Patient is diagnosed with low back pain. Patient has been treated with medication, physical therapy, epidural injection and chiropractic. Per medical notes dated 10/16/14, patient complains of pain in her low back. Examination revealed tenderness to palpation at L4-5. Per medical notes dated 12/8/14, patient complains of low back pain which is constant; no leg pain. Examination revealed decreased range of motion, no subluxation is noted on flexion and extension of the spine, and paraspinal muscles are tender to palpation. Provider requested additional 3X4 chiropractic visits for lumbar spine which were denied by the utilization review. 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:

Chiropractic three times a week for four weeks (3x4) for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chiropractic Manipulative Therapy (CMT) for lumbar spine pain

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. Provider requested additional 3x4 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, the request for 3x4 chiropractic visits is not medically necessary.