

Case Number:	CM14-0198653		
Date Assigned:	12/09/2014	Date of Injury:	09/18/2014
Decision Date:	01/22/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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:

Claimant is a 48 year old male who sustained a work related injury on 9/18/2014. The claimant had a trial of six chiropractic treatments and another 12 certified on 12/01/2014. Per a PR-2 dated 11/5/2014, the claimant has completed a trial of six chiropractic treatments. The claimant reports chiropractic treatment has helped decrease his pain level and he is able to do things with less pain including bending, sitting, standing and walking. Lumbar range of motion has shown improvement by 50%. Straight leg raise is positive and Fabere produced low back pain. His diagnosis is lumbar sprain/strain and lumbar radiculitis. He is released to light duty if available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physiotherapy 3 Times A Week for 4 Weeks (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. The claimant had functional improvement after the first six visits and 12 more visits were authorized. However, functional improvement from the recently certified 12 visits is not available. Therefore further visits are not medically necessary. The provider should resubmit for further visits once the twelve visits are complete.