

Case Number:	CM14-0201774		
Date Assigned:	12/12/2014	Date of Injury:	01/31/1986
Decision Date:	02/05/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This 60 year old female sustained work related industrial injuries on January 31, 1986. The mechanism of injury involved falling over a garden hose while at work. The injured worker subsequently complained of low back pain with radiation to the right lower extremity. The injured worker was diagnosed and treated for lumbar disk injury and lumbar spinal enthesopathy. Treatment consisted of prescribed medications, MRI of lumbar spine on July 14, 2014, physical therapy, epidural injections, 6 chiropractic sessions, consultation and periodic follow up visits. MRI of the lumbar spine revealed mild disk space narrowing and disk degeneration with no evidence of focal protrusion or significant stenosis. Per treating provider report dated October 10, 2014, the injured worker reported 70% improvement after initial 6 chiropractic sessions. According to the primary treating provider report dated October 15, 2014, objective findings revealed a decrease in pain and more mobility with recommendations for a few more physical therapy sessions. The treating physician prescribed services for chiropractic therapy of the lumbar spine one time a week for six weeks now under review. On November 17, 2014, the Utilization Review (UR) evaluated the prescription for chiropractic therapy of the lumbar spine requested on November 11, 2014. Upon review of the clinical information, UR non-certified the request for chiropractic therapy of the lumbar spine, noting the lack of objective functional improvement and lack of sufficient clinical documentation, and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic one time a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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 1X6 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. Per review of evidence and guidelines, 1X6 Chiropractic visits are not medically necessary.