

Case Number:	CM14-0201984		
Date Assigned:	12/12/2014	Date of Injury:	04/26/2001
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
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:

The injured worker is a 52 year old female who reported low back pain from injury sustained on 04/26/01. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with lumbar intersegmental dysfunction and hip dysfunction. Patient has been treated with medication, massage therapy, physical therapy, and chiropractic. Per chiropractic notes dated 10/31/14, patient complains of low back pain and leg numbness. Examination revealed loss of lumbar range of motion, pain with palpation. Per medical notes dated 11/10/14, patient complains of low back pain and numbness after working or standing for more than 2 hours. Symptoms occur after lifting more than 30 pounds or due to constant lifting and pushing. Examination revealed loss of range of motion and tenderness to palpation. Provider requested additional 10 chiropractic sessions for lumbar spine which was non-certified by the utilization review on 11/07/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with chiropractic treatment already approved/rendered that would substantiate a medical indication for additional care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatments QTY: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 10 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 documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with chiropractic treatment already approved/rendered that would substantiate a medical indication for additional care. 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, additional 10 Chiropractic visits are not medically necessary.