

Case Number:	CM14-0202306		
Date Assigned:	12/12/2014	Date of Injury:	03/12/1996
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 licensed 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:

The patient is a 47 year old male with a reported injury date of 03/12/1996. The mechanism of injury was not provided within the documentation submitted. The patient complains of pain in the lumbar spine rated 7 out of 10. Current medications, surgical history and diagnostic studies were also not provided. Therapies provided to the patient included heat, electrical stimulation, 24 chiropractic sessions and activity modification. The patient has a positive straight leg raise bilaterally. Palpation revealed moderate to severe stiffness and soreness of the lumbar paravertebral muscles bilaterally. The patient's lumbar range of motion revealed flexion to 55 degrees, extension to 15 degrees, left and right lateral bending to 20 degrees, left and right rotation to 15 degrees. Utilization Review dated 12/12/2014 denied the requested Chiropractic sessions 2 times a week for 3 weeks for the lumbar. There was a lack of documentation related to the objective clinical findings of the functional therapeutic benefit in the previous chiropractic care the patient received. The request for additional Chiropractic visits exceeds the recommended guidelines per California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Manual therapy and manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks Lumbar: 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 2X3 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, 2X3 Chiropractic visits are not medically necessary.