

Case Number:	CM14-0207771		
Date Assigned:	12/19/2014	Date of Injury:	12/11/1989
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/11/2014

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 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:

The injured worker is a 64 year old female who reported low back pain from injury sustained on 12/11/89 due to lifting. Exact mechanism of injury was not documented in the provided medical records. She had a fall in 2007 which resulted in a compression fracture of the lumbar spine. Patient is diagnosed with lumbago, compression fracture of the lumbar spine, disc displacement, disc disease with myelopathy, and rotator cuff syndrome. Patient has been treated with medication, shoulder surgery, chiropractic and therapy. Per medical notes dated 11/07/14, patient is struggling with severe pain and increased radicular symptoms in her bilateral lower extremities. She would like to request additional chiropractic. She has not had this in several months and states that that when getting chiropractic care it helped her bring her pain level from 10/10 to a 5/10, and was able to take one less Norco a day for several days after each treatment. Per medical notes dated 12/12/14, patient reports she is struggling with her pain today. She states she has not been able to get her medication refilled. Her low back pain has been radiating into her right lower extremity further down into the lower leg. Norco continues to provide her with significant relief, bringing her pain from 9/10 to 5/10. Provider requested additional 8 chiropractic sessions which were non-certified by the utilization review on 11/26/14. 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:

Eight additional chiropractic therapy sessions to the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 significant functional improvement with prior care. Per medical notes dated 11/07/14, patient would like to request additional chiropractic. She has not had this in several months and states that that when getting chiropractic care it helped her bring her pain level from 10/10 to a 5/10, and was able to take one less Norco a day for several days after each treatment. Provider requested additional 8 chiropractic sessions for lumbar spine. Patient did report symptomatic relief with treatment; however 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. Her relief is not sustained after care; she continues to complain of significant pain. 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, 8 Chiropractic visits are not medically necessary.