

Case Number:	CM14-0062128		
Date Assigned:	07/11/2014	Date of Injury:	04/08/2013
Decision Date:	01/16/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 Chiropractic, has a subspecialty in Medical Acupuncture, and is licensed to practice in Ohio. 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 32 year old female who was injured on 4/8/13 while moving a patient. Treatment has included chiropractic, physical therapy, and medications. A PR-2 dated 11/19/13 noted pain rated 6/10, lumbar ROM to full flexion, 10 degrees extension, 15 degrees left lateral rotation, and full right lateral rotation. Strength is noted at 5/5 in the lower extremities. Light touch and pain sensation deficit noted in the the left L5 distribution. Patient was prescribed Voltaren and Vicodin. Work status was TTD. Working diagnosis lumbar sprain/strain, Lumbar IVD w/o myelopathy, sacral sprain/strain, and thoracic degmental dysfunction. Office from the treating chiropractor, dated 4/2/14 notes a flare up for "no reason" and a complaint of headaches, mid back, low back, bilateral hip and leg pain. Cervical and mid back pain is rated a 5, hip and low back an 8 and leg pain a 6. Ely's and Kemp's tests are positive bilaterally. Lumbar flexion is 40/60, extension 10/25, left lateral flexion 10/25, and right lateral flexion is 5/25. Work status is not discussed. 10 visits have been previously authorized from 8/22/13 to 12/20/13. Documentation from these visits is not available for review. An additional 8 visits were requested. The UR modified the request from 8 visits to 6 citing an absence of documentation of previously authorized visits and MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments 2 x4 to back: 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 Page(s): 58-59.

Decision rationale: MTUS Chronic Pain Guidelines recommend 1-2 visits every 4-6 months for flare ups, dependent upon previous treatment success. The claimant has previously been authorized for 10 visits with no evidence of functional improvement. Therefore, due to the lack of functional improvement from previous treatment, and the MTUS Chronic Pain guidelines, the treatment requested is not medically necessary.