

Case Number:	CM14-0074200		
Date Assigned:	07/16/2014	Date of Injury:	08/18/2011
Decision Date:	01/28/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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), 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 33 year old male who reported low back pain from injury sustained on 08/18/11. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with L4-5 facet syndrome and status post right-sided rhizotomy. Patient has been treated with medication, facet injection, physical therapy and chiropractic. Per medical notes dated 03/24/14, patient complains of back pain and back stiffness. Recent diagnostic facet injection was not helpful. Examination revealed tenderness of left facet joint at L4-5, increased pain with extension of the lumbar spine as well as flexion of the lumbar spine. Provider requested additional 2X4 chiropractic treatment which was non-certified by the utilization review dated 04/23/14. 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:

Chiropractic Treatment for the Lumbar Spine twice (2) per week for four (4) weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines: Table 12-8 Page: 114 and Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. The provider requested additional 8 chiropractic sessions for lumbar spine which was non-certified on 04/23/14. 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. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of chiropractic. 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.