

Case Number:	CM15-0106533		
Date Assigned:	06/10/2015	Date of Injury:	12/28/2009
Decision Date:	07/20/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 was a 35 year old male, who sustained an industrial injury, December 28, 2009. The injured worker previously received the following treatments amitriptyline, Baclofen, Suboxone, Trazodone and chiropractic services. The injured worker was diagnosed with right hip pain, labral tear, back pain, degenerative disc disease lumbar spine and foraminal stenosis L4-L5 bilaterally. According to progress note of April 24, 2015, the injured workers chief complaint was lower back pain. The injured worker was experiencing less pain and was more active from day to day performing activities of daily living which improves quality of life. The injured worker was doing better with chiropractic treatments. The injured worker had improved active range of motion and decreased pain. The physical exam noted paraspinal tenderness with palpation over L3-L5. The active range of motion was decreased with extension after flexion. The treatment plan included request for additional chiropractic services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatments QTY: 6: Upheld

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

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. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of Chiropractic. Provider requested additional 6 chiropractic sessions which were non-certified by the utilization review. 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. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.