MAXIMUS Federal Services

Case Number:	CM15-0139480		
Date Assigned:	08/03/2015	Date of Injury:	02/22/2011
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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 is a 61 year old male, who sustained an industrial injury on February 22, 2011. The injured worker was diagnosed as having lumbago, closed fracture of lumbar vertebra, thoracic, lumbosacral neuritis, or radiculitis and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, chiropractic treatment and oral and topical medication. A progress note dated May 7, 2015 provides the injured worker complains of ongoing back pain and new back pain and hip and gluteal pain down the right leg with numbness and burning in the toes. He rates his pain between 3 and 5 out of 10. Physical exam notes decreased lumbar range of motion (ROM) with tenderness to palpation and positive Kemp's sign on the right. The plan includes continued chiropractic treatment, home exercise program (HEP), oral and topical medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Per a PR-2 dated 6/4/15, he has finished his course of chiropractic treatment and he noted improvement.

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, quantity: 8 sessions, per 05/20/15 order:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. However, the claimant did already have a trial of treatments with no objective functional improvement. Therefore, further chiropractic visits are not medically necessary.