

Case Number:	CM15-0163743		
Date Assigned:	09/01/2015	Date of Injury:	11/28/2013
Decision Date:	10/05/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/21/2015

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 34-year-old male, who sustained an industrial injury on 11-28-13. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and sprains and strains of the thoracic region. Treatment to date has included 16 chiropractic sessions, a lumbar epidural injection, and medication. On 7-27-15 the injured worker stated chiropractic treatment reduces spasms, improves range of motion allowing greater activity, improvement in flexibility and strength, and a reduction in flair ups. Currently, the injured worker complains of low back pain rated as 4 of 10 with numbness and tingling in the limbs. The treating physician requested authorization for continued chiropractic sessions 1x8 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Chiropractic sessions 1x8 (Lumbar): 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 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. Although the claimant has subjective benefit from prior chiropractic, there is no documentation of objective functional improvement from chiropractic treatment. Therefore, further chiropractic visits are not medically necessary.