

Case Number:	CM15-0164808		
Date Assigned:	09/02/2015	Date of Injury:	09/02/1999
Decision Date:	10/05/2015	UR Denial Date:	08/17/2015
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, Montana

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 44 year old female who sustained an industrial injury on September 02, 1999. A primary treating office visit dated August 06, 2015 reported subjective complaint of persistent elevated low back pain with radiation into the left and associated numbness and tingling. Previous treatment to include: activity modifications, medications, trigger point injection, exercise and stretches. Current medications consisted of: Lidoderm; Flexeril, Duexis and Voltaren gel. She is diagnosed with chronic low back pain. The plan of care noted continuing with medications; administration of trigger point injections and commence chiropractic care 12 sessions treating flare up to control and functional restoration. At follow up in July 2015 there was note of pursuing chiropractic treatment for treating flare up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment to the Lumbar Spine QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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. Provider requested additional 12 chiropractic sessions for lumbar spine for flare-up; however, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Requested visits exceed the quantity supported by cited guidelines. 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, 12 Chiropractic visits are not medically necessary.