

Case Number:	CM15-0197393		
Date Assigned:	10/12/2015	Date of Injury:	08/08/2015
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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 35 year old male who sustained an industrial injury 08-08-15. A review of the medical records reveals the injured worker is undergoing treatment for low back pain. Medical records (08-18-15) reveal the injured worker reports that he is "a little better." He continues to report an aching pain that goes down his left leg and his left leg feels weak. The physical exam (08-18-15) reveals the injured worker is "visibly uncomfortable," cannot sit with his back flexed, and stands hunched with a list to the left, and walks slowly. He supports his weight with his knees bent and rocks back and forth on his heels and toes. Pain is noted to palpation about the lumbar paraspinous muscles diffusely left more than right. Prior treatment includes work restrictions, physical therapy, chiropractic treatment, and medications. The original utilization review (09-29-15) non certified the request for 6 chiropractic sessions. The physical therapy note from 09-10-15 reports 3 of the approved 6 therapy sessions have been attended and the injured worker complains of pain rated at 6/10 in the upper lumbar and lower thoracic region, as well as right anterior thigh numbness. The injured worker reports that he had his first chiropractic treatment on 09-09-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Patient has had prior chiropractic treatments with improvement. Provider requested additional 6 chiropractic sessions for lumbar spine which was non-certified. The number of Chiropractic sessions completed by the patient were not documented. The documentation fails to provide baseline of pain on VAS, activities of daily living and examples of improvement in activities of daily living as result of Chiropractic. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.