

Case Number:	CM15-0200502		
Date Assigned:	10/15/2015	Date of Injury:	09/22/2014
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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 62 year old male who sustained an industrial injury on 9-22-2014. A review of medical records indicates the injured worker is being treated for chronic lumbar back pain, chronic right leg radicular symptoms, and mild anterior wedge fractures of T12 and L1. Medical records dated 8-28-2015 noted neck, upper and lower back pain. He had pain in both hips. Physical examination noted anteflexion of the trunk on the pelvis allowed for 50 degrees of flexion. Extension was at 10 degrees. Rotation to the left was 10 degrees and to the right was 10 degrees. Lateral flexion to the left was 5 degrees and to the right 5 degrees. There was some sacroiliac tenderness with no paralumbar tenderness noted. Treatment has included Norco, Valium, physical therapy, and chiropractic care (amount unknown). Utilization review form dated 9-15-2015 noncertified 6 chiropractic therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy sessions x6 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: 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. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have chiropractic treatments with no documented functional improvement. Therefore further chiropractic visits are not medically necessary.