

Case Number:	CM15-0209517		
Date Assigned:	10/28/2015	Date of Injury:	03/03/2008
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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, Minnesota

Certification(s)/Specialty: Chiropractor

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 67 year old female who sustained an industrial injury March 3, 2008. Past history included status post left knee arthroscopy, partial medial meniscectomy. Diagnoses are lumbosacral neuritis-radiculitis; degeneration of lumbar-lumbosacral intervertebral disc. Past chiropractic treatment to the lumbar spine included at least visits from May 2, 2014 to May 16, 2014 (5 visits). According to an orthopedic examination with chiropractors handwritten notes dated August 20, 2014, the injured worker presented with low back pain rated 10 out of 10. She reported that ice and NSAID's (non-steroidal anti-inflammatory drugs) are not helping at all. Objective findings included positive Kemp's bilateral and positive straight leg raise at 30 degrees bilaterally; positive Ely's sign bilaterally; positive leg lowering test, heel toe walk was negative, and Valsalva maneuver normal. Some handwritten notes are difficult to decipher. The injured worker underwent diversified adjustments while in the chiropractor's office. At issue, is a retrospective request for authorization for 14 chiropractic visits for the lumbar spine between August 20 2014 and November 24, 2014. According to utilization review dated October 12, 2015, the request for retrospective (14) Chiropractic visits for the lumbar spine was modified to (6) chiropractic visits between 08-20-2014 and 11-24-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 14 chiropractic visits for the lumbar spine DOS 8/20/14 - 11/24/2014: 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 the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested retrospective 14 chiropractic visits for the lumbar spine DOS 8-20-14 to 11/24/14. The UR doctor correctly modified the visits to 6 approved according to the Guidelines above. The request for treatment (14 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. In order for the patient to receive further treatment after the 6 UR approved visits, the doctor must document objective functional improvement from these visits.