

Case Number:	CM15-0033514		
Date Assigned:	02/27/2015	Date of Injury:	12/31/2012
Decision Date:	04/21/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 56 year old female, who sustained an industrial injury on 12/31/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar strain, annular tear at lumbar four to five disc bulge, and lumbar five to sacral one disc bulge, right lower extremity radiculopathy, left sacroiliac joint strain, and status post lumbar epidural steroid injection. Treatment to date has included physical therapy, medication regimen, magnetic resonance imaging of the lumbar spine, acupuncture, and above listed procedure. In a progress note dated 01/12/2015 the treating provider reports severe pain that radiates to the low back, buttocks, hip, and leg described as burning and stabbing pain with stiffness and tenderness. The treating physician requested chiropractic care two times a week for four weeks noting that she is eligible for a trial of chiropractic therapy with attention to the sacroiliac joint. Six sessions of chiropractic were authorized on 2/11/2015. Chiropractic was rendered on 2/23/2015. Per a Pr-2 dated 3/23/2015, the claimant has low back pain. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic manipulation to lumbar two (2) times a week for four (4) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation 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. The claimant did already have a trial of treatments approved. There is no documentation of functional improvement from the authorized chiropractic trial. Therefore, further chiropractic visits are not medically necessary.