

Case Number:	CM15-0042068		
Date Assigned:	03/12/2015	Date of Injury:	03/01/2010
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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 63 year old male, who sustained an industrial injury on 3/1/10. He has reported back injury. The diagnoses have included lumbar sprain Treatment to date has included medications, diagnostics, chiropractic, pain injections, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/20/15, the injured worker complains of continued back pain with associated spasms. The pain also radiates to the heels of the feet. He rates the pain 6-7/10 on pain scale. The injured worker reports that the pain is unchanged and that rest, chiropractic, heat, acupuncture and medications alleviate the pain and activities at home and work worsen the pain. The physical exam of the lumbar spine revealed tenderness to palpation and limited range of motion due to pain. The limitations included bending, standing, squatting, driving, kneeling and lifting. He also complains of sciatica that radiates to the right leg to the point that he can't stand to walk or sleep on his side. The Treatment Plan included chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment 3 times a week for 3 weeks for the lumbar spine:

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): 58-60.

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 with no documented functional improvement. Therefore further chiropractic visits are not medically necessary.