

Case Number:	CM15-0042177		
Date Assigned:	03/12/2015	Date of Injury:	05/12/2013
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
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 25 year old female, who sustained an industrial injury on 05/12/2013 where she reported pain in head, low back and right foot. On provider visit dated 12/19/2014 the injured worker has reported lower back pain and right foot pain that radiate to the right leg, she was also noted to have tingling, numbness and weakness in left leg. On examination she was noted to ambulate with the assistance lumbar spine exam revealed sciatic notch tenderness on the right and positive straight leg raise test on the right. The diagnoses have included lumbago and lumbar radiculopathy. Treatment to date has included laboratory studies, electromyogram/nerve conduction studies and medication. Six chiropractic visits were authorized as a trial on 2/3/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy, 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids & Manipulation Page(s): 75, 78, 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.