

Case Number:	CM14-0153238		
Date Assigned:	09/23/2014	Date of Injury:	03/26/2014
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is a licensed Chiropractor and Acupuncturist and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 21 year old male who sustained a work related injury on 3/26/2014. Per a Pr-2 dated 9/29/2014, the claimant has had no significant improvement since the last exam. The claimant is having significant lower back pain that radiates to his lower extremities. He has numbness and tingling in his bilateral lower extremities. He is undergoing chiropractic care, which is mildly improving his symptoms. He was told to complete the course. He continues to take medications for pain. His diagnoses are cervical and lumbar sprain/strain. He is working with restrictions that are unchanged since starting chiropractic care. According to a prior UR review, the claimant has completed 12 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE 3X4 FOR THE NECK, BACK AND RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

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 weeks. The claimant had 12 sessions of chiropractic with no significant improvement. Therefore further visits are not medically necessary.