

Case Number:	CM14-0181713		
Date Assigned:	11/06/2014	Date of Injury:	02/15/2013
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/01/2014

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 Board Certified in Chiropractic, has a subspecialty in Acupuncture 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:

Claimant is a 54 year old female who sustained a work related injury on 2/15/2013. Prior treatment includes transforaminal epidural steroid injection, chiropractic, and medications. Per a PR-2 dated 11/13/2013, the claimant has had around 10-12 chiropractic treatments and reached maximal medical improvement. The physician recommends 16 treatments of chiropractic for future medical care a year. Per a PR-2 dated 9/8/14, the claimant has pain in the lower back occasionally. She would like another series of chiropractic appointments for it. Her diagnoses are lumbosacral disk herniation with accompanying radiculopathy. She has positive straight leg raise and cross leg raise and restricted lumbar range of motion. Per a progress report dated 6/26/2014, the claimant that when she is getting chiropractic treatment the pain is decreased but when she stops the pain returns.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of chiropractic care for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, and 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 may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. A request for 18 additional visits would put the claimant past the 24 visit maximum. Also, the claimant has already had chiropractic in the past with no objective functional improvement submitted. Although the claimant may have future medical that includes chiropractic treatment, the medical guidelines are not set in place to review for future medical care. Therefore further visits are not medically necessary.