

Case Number:	CM14-0130472		
Date Assigned:	08/20/2014	Date of Injury:	02/08/2012
Decision Date:	01/07/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/15/2014

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 licensed in Chiropractic and 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:

The injured worker is a 61 year old female who reported low back pain from injury sustained on 02/08/12 due to cumulative trauma. Patient is diagnosed with lumbosacral disc disease, L5-S1 spondyloslisthesis, and post bilateral hip replacement. Patient has been treated with medication, bilateral hip surgery, therapy, acupuncture and chiropractic. Patient has had 24 chiropractic treatments. Per medical notes dated 05/09/14, patient continues to have pain and functional restriction which are not acceptable; he continues to have low back pain which is aggravated by various activities. Patient has palpable spasms and tenderness. Per medical notes dated 06/13/14, patient continues to have pain and functional restrictions; he continues to have low back pain which is aggravated by various activities. His leg pain is less severe and frequent. He walks with an obvious limp. Examination revealed painfully lumbar range of motion with mild to moderate pain on flexion and extension. The request is for retrospective treatments dated 05/09/14, 06/13/14, and 06/27/14 which is denied by the utilization review dated 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had 24 chiropractic treatments. Per medical notes dated 05/09/14, patient continues to have pain and functional restriction which are not acceptable; he continues to have low back pain which is aggravated by various activities. Per medical notes dated 06/13/14, patient continues to have pain and functional restrictions; he continues to have low back pain which is aggravated by various activities. The request for retrospective treatments dated 05/09/14, 06/13/14, and 06/27/14. The medical notes did not document any recent flare-up which would necessitate treatment. Patient has had 24 chiropractic sessions and any additional treatment would exceed the quantity supported by cited guidelines in the absence of a flare-up. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend chiropractic for maintenance care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 3 Chiropractic visits are not medically necessary.