

Case Number:	CM14-0175139		
Date Assigned:	10/28/2014	Date of Injury:	03/16/2000
Decision Date:	01/16/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in medical acupuncture and is licensed to practice in Ohio. 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 66 year old female that was injured at work on 3/2/2000. The exact mechanism of injury is not available for review. Diagnoses include cervical, thoracic, and lumbar sprain/strain, myofascial low back pain, lumbar enthesopathy, cervical enthesopathy, and sacroiliac sprain/strain. PR2 dated 4/25/14 note that a MRI performed on 8/31/12 reveals a L4-L5 4mm posterior protrusion indenting the anterior portion of the lumbosacral sac. At L5-S1 there is a 5.5mm downward protrusion of the nucleus pulposus. The MRI report is not available for review. PR2 dated 1/24/14, 2/21/14, 3/21/14 and 4/25/14 from the primary treating physician recommends "continuing the patient on a course of multi-modality PT/CMT with work conditioning/functional restoration program 2-3 times a week for 6-8 weeks." There is no documentation for review in regard to these treatments. The treating chiropractor performed and initial evaluation of the claimant on 7/18/14. Subjective complaints were bilateral low back, hip, and neck pain. Pain was rated a 4 in all regions. Range of motion was reduced in the cervical and lumbar spine. Orthopedic and neurological testing was not documented as part of the initial exam. The recommended treatment from this evaluation was 2 visits per week for 3 weeks. UR determination on 10/2/14 determined treatment was not medically necessary citing the lack of functional improvement and the MTUS chronic pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 to back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: MTUS chronic pain guidelines recommend 1 Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Based on the PR2s from the primary treating physician noted above, the claimant has previously received an undetermined number of chiropractic treatments, with no evidence of functional improvement. The current treating chiropractor also provides no documentation to support functional improvement. Therefore, due to the lack of functional improvement from previous treatment and the MTUS Chronic Pain guidelines, the treatment requested is not medically necessary.