

Case Number:	CM14-0210517		
Date Assigned:	12/23/2014	Date of Injury:	11/01/2013
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 78 year old male who reported low back pain from injury sustained on 11/01/13. Patient is diagnosed with lumbar intervertebral disc disease; L5 radicular neuralgia; lumbar subluxation. Patient has been treated with medication, and therapy. Per medical notes dated 11/03/14, patient complains of low back pain which is constant, moderate with intermittent and moderate left lower extremity pain. Examination revealed moderate spasm, tenderness, edema and pain to the thoracolumbar and lumbar paraspinal region bilaterally with increased pain on the left greater than right. Examination also revealed moderate loss of range of motion of the lumbar spine. Patient has not had prior chiropractic treatments. Provider requested initial trial of 3X2 followed by 2X4 for a total of 14 chiropractic treatment for lumbar spine pain which were modified to 6 by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Chiropractic Sessions, 3 Times per Week for 2 Weeks, with Additional Chiropractic Care 2 Times per Week for 4 Weeks: 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 not had prior chiropractic treatments. Provider requested initial trial of 3X2 followed by 2X4 for a total of 14 chiropractic treatment for lumbar spine pain which were modified to 6 by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 14 Chiropractic visits are not medically necessary.