

Case Number:	CM14-0211822		
Date Assigned:	12/24/2014	Date of Injury:	08/26/2014
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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:

Claimant is a 38 year old woman who sustained a work related injury on 8/26/2014. Prior treatment has consisted of physical therapy, medications, chiropractic, and acupuncture. Per a Pr-2 dated 11/5/14, the claimant has had roughly 24 sessions of chiropractic and prescribed a several more sessions of chiropractic. She reports neck and right shoulder pain has resolved. She continues to have moderately severe low back pain. Chiropractic treatment has provided moderate to excellent relief as well as heat and physical therapy which have provided moderate relief. His diagnoses is lumbago, reactive sleep disturbance, and reactive depression/anxiety. Per a Pr-2 dated 12/12/2014, the claimant complains of neck pain, low back pain, right shoulder pain and right foot pain. There is tenderness in the cervical and lumbar spine and weakness in the myotomes in the right lower extremity. She has continued chiropractic with some relief. She is working modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Chiropractic Therapy Sessions for the Lumbar Spine: Upheld

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

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 may be necessary. The claimant had already exceeded the 24 visit maximum and is still receiving chiropractic care with minimal improvement. There is no documentation of objective functional improvement. Therefore further visits are not medically necessary.