

Case Number:	CM14-0212329		
Date Assigned:	01/02/2015	Date of Injury:	09/24/1997
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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 47 year old male who reported low back pain from injury sustained on 09/24/97. Patient was working on a stack of hay and fell landing in the seated position. In 1998 patient had a laminectomy with fusion. He aggravated his low back in 2013. Patient is currently working full time as an electrician. Radiographs of the lumbar spine revealed fusion of L5-S1. Patient is diagnosed with lumbar spine spondylosis, post laminectomy pain syndrome, chronic pain syndrome. Patient has been treated with medication, physical therapy. Per medical notes dated 10/14/14, patient complains of low back pain with bilateral leg pain. Pain level has not increased since his last visit. Per medical notes dated 11/11/14, patient complains of low back pain with bilateral leg pain. He continues to have problems with staying asleep because of back pain. Patient's pain level has increased since last visit. Patient's low back pain continues especially after work. Per medical records provided for review, patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment low back pain which was non-certified 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:

12 Chiropractic sessions for the lumbar (over 3 months): 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): 58-59.

Decision rationale: Per medical records provided for review, patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment low back pain which was non-certified 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, 12 chiropractic visits are not medically necessary.