

Case Number:	CM14-0213079		
Date Assigned:	12/30/2014	Date of Injury:	03/05/1983
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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 72 year old male who reported low back pain from injury sustained on 03/05/83. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with lumbar intervertebral disc syndrome, lumbosacral sprain/strain. Patient has been treated with medication, and chiropractic, other treatments were no documented in the medical records. Per medical notes dated 11/24/14, patient has a difficult time performing daily activities due to the pain. He cannot stand up straight, bending and sitting are difficult. Patient's pain is rated 8/10. Heat and ice do not give much relief foe pain. Examination revealed limited lumbar range of motion. Provider requested additional 7 chiropractic sessions for lumbar spine which were 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:

Seven additional chiropractic treatment for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 7 chiropractic sessions for lumbar spine which were non-certified by the utilization review. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, seven chiropractic visits are not medically necessary.