

Case Number:	CM14-0215370		
Date Assigned:	01/02/2015	Date of Injury:	11/15/2004
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Ohio

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 56-year-old male who sustained a work related injury on 11/14/04. The mechanism of injury was 'breaking loose bolts'. Treatment has included epidural injections, lumbar MRI, physical therapy, modified work duty, pain medication, and 12 sessions of chiropractic. It also appears that a neurosurgical consult has been scheduled as of 12/5/14. MRI reports are not included in the documentation submitted but the UR dated 12/10/14 notes multiple levels of advanced degenerative changes and moderately to severe foraminal stenosis at L4-L5 and L5-S1. It also notes that 4 visits of chiropractic have previously approved. The outcome of those treatments is not included for review. There appears to be a question whether they have been utilized or not due to the lack of documentation. The physician's progress report dated 12/5/14 notes diagnoses to include chronic lumbosacral sprain, L3-L4 and L5-S1 degenerative disc disease, spinal stenosis and right radiculitis. Low back pain bilaterally but predominately on the right with a pain rating of 5/10. Range of motion is 25% normal. Lower extremity strength was normal as were deep tendon reflexes. UR decision dated 12/10/14 notes lack of documentation of therapeutic benefit with most recent chiropractic sessions and the treatment request exceeding MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Chirotherapy sessions lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Recommended for chronic pain if caused by musculoskeletal conditi.

Decision rationale: The previously authorized 4 chiropractic visits would be an appropriate therapeutic trial to determine treatment efficacy. Based on the documentation submitted there has been no objective functional improvement to support the request for an additional 12 visits. Therefore based on the lack of objective functional improvement and the MTUS guidelines the treatment request is not medically necessary.