MAXIMUS Federal Services

Case Number:	CM15-0102686		
Date Assigned:	06/05/2015	Date of Injury:	07/10/2009
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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 female, who sustained an industrial injury on July 10, 2009. The injured worker was diagnosed as having lumbosacral strain/sprain, lumbosacral neuritis and spondylosis. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included chiropractic therapy. A progress note dated April 27, 2015 provides the injured worker complains of a flare up of low back pain radiating down left leg. She reports chiropractic was helpful in the past. Physical exam notes lumbar paravertebral, lumbosacral facet and sacroiliac joint tenderness on palpation. There is decreased range of motion (ROM). The plan includes chiropractic therapy. Per a progress report dated 7/23/14, the claimant had 30-40% improvement of symptoms with chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with exercises, modalities, manipulation, and myofascial release, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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 prior chiropractic with 30-40% improvement of symptoms. However, the claimant did not have any functional improvement documented from prior chiropractic. Therefore, eight further chiropractic visits are not medically necessary.