MAXIMUS Federal Services

Case Number:	CM15-0102746		
Date Assigned:	06/05/2015	Date of Injury:	06/04/2014
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
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 35 year old female, who sustained an industrial injury on 6/4/14. She reported low back pain following moving a heavy object. The injured worker was diagnosed as having lumbar radiculopathy and low back pain. Treatment to date has included oral medications including hydrocodone, acupuncture, TENS unit and activity restrictions. Per a Pr-2 dated 12/11/2014, the claimant had six sessions of chiropractic which provided her with moderate pain relief. Per a PR-2 dated 12/12/2014, the claimant has completed six sessions of chiropractic with very short lived pain relief. Currently, the injured worker complains of back pain radiating form low back down right leg and lower backache. She is currently not working. Physical exam noted loss of normal lordosis, restricted range of motion and tenderness and spasm of paravertebral muscles on palpation. Sensation is also decreased over L5-S1 lower extremity dermatomes. A request for authorization was submitted for 6 sessions of chiropractic treatment and a transforaminal lumbar epidural injection. Two visits of chiropractic were authorized on 4/9/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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 chiropractic treatments without functional improvement and only short lived pain relief Since there was no functional improvement documented, further visits are not medically necessary.