

Case Number:	CM15-0010900		
Date Assigned:	01/28/2015	Date of Injury:	10/12/2014
Decision Date:	03/20/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/20/2015

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 22 year old male who sustained an industrial injury reported on 10/12/2014. He has reported lower back pain after lifting a heavy box. The diagnoses have included low back strain. Treatments to date have included consultations; diagnostic laboratory, diagnostic imaging studies; goniometer measurements study 11 & 12/14); ice therapy; ultrasound; therapeutic/mobilization exercises; 15 sessions of physical therapy, 6 sessions of chiropractic care; modified duty; and medication management. The work status classification for this injured worker (IW) was noted to be back at work on modified work duties. On 12/24/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on (undated), for 6 additional chiropractic treatments 3 x a week x 2 weeks for the lumbar spine. The Medical Treatment Utilization Schedule, chiropractic care, functional restoration programs, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of chiropractic, 3 per week for 2 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 298.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for lumbar spine. 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 ACOEM guidelines, manipulation appears safe and effective in the first few weeks; if manipulation does not bring improvement in 3-4 weeks, it should be stopped and the patient reevaluated. Per MTUS 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. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.