

Case Number:	CM15-0042295		
Date Assigned:	03/12/2015	Date of Injury:	03/28/2011
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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 48-year-old male, who sustained an industrial injury on March 28, 2011. The injured worker reported low back pain. The injured worker was diagnosed as having chronic pain syndrome, shoulder pain, lumbar post laminectomy syndrome, low back pain, sciatica, lumbar/thoracic radiculopathy, muscle spasm and myalgia and myositis. Treatment to date has included surgical intervention, spinal cord stimulator implant, and medication. A progress note dated February 10, 2015 the injured worker complains of back pain with numbness, tingling, right knee pain, and left foot pain. He reports the pain as 5-6/10 with medication and 9/10 without medication. Physical exam notes full lumbar range of motion (ROM) with some pain. He reports chiropractic and acupuncture therapy is helping with improvement in pain, less sciatica flare-ups, less muscular tension, improved mobility and overall functionality. The plan is to continue home exercises, topical and oral medication and therapy. He is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic pain section Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 months may be necessary. It is unclear whether the claimant had already exceeded the 24-visit maximum already, however a request for 20 visits would definitely put the claimant over the limit. In addition, there is no objective functional improvement documented from past chiropractic treatment. Furthermore, a request of 20 visits exceeds the guidelines for a secondary request of 18 visits over 6-8 weeks. Therefore, 20 chiropractic visits are not medically necessary.