

Case Number:	CM15-0061483		
Date Assigned:	04/17/2015	Date of Injury:	03/27/2012
Decision Date:	05/21/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/01/2015

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 55-year-old male, who sustained an industrial injury on 03/27/2012. He has reported subsequent back, neck and right lower extremity pain and was diagnosed with lumbar disc syndrome, sciatica of the right leg and cervical radiculopathy. Treatment to date has included oral pain medication. In a progress note dated 01/03/2014, the injured worker complained of neck, shoulder, arm low back, wrist and hand pain. Objective findings were notable for reduced range of motion of the cervical and lumbar spine and positive Apley's test of the right knee. A request for authorization of chiropractic therapy of the thoracic and lumbar spine was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic Thoracic & Lumbar Spine 1-2 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. The request is for retrospective chiropractic sessions for thoracic and lumbar spine. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/ rendered that would substantiate a medical indication for additional care. 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 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, 1-2 Chiropractic visits are not medically necessary.