

Case Number:	CM15-0065129		
Date Assigned:	04/13/2015	Date of Injury:	08/26/2014
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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 29 year old male, who sustained an industrial injury on 8/26/2014. He reported injury to his back while removing an air conditioning unit. The injured worker was diagnosed as having acute lumbar sprain/strain and thoracic and lumbar spasms. Treatment to date has included x-ray of the lumbar spine dated 10/21/2014, physical therapy, and medications. On 1/08/2015, the injured worker complained of pain to his low and mid back, with radiation to the neck, and bilateral hip pain. Current medications included Motrin, Norco, and Flexeril. The treatment plan included chiropractic care, medications, and transcutaneous electrical nerve stimulation unit. A progress report dated 2/17/2015, noted that he went to a chiropractor (self-procured) which seemed to help. At that time, his pain was rated 8/10 and topical pain compounds were also used. Four chiropractic visits were approved on 3/31/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve chiropractic sessions for the lumbar spine over four to six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 58 - 59, 68.

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. The claimant did already have a trial of treatments approved. There is no documentation of functional improvement from the authorized chiropractic trial. Therefore further chiropractic visits are not medically necessary.