MAXIMUS Federal Services

Case Number:	CM15-0070639		
Date Assigned:	04/20/2015	Date of Injury:	07/16/2013
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/14/2015

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 59 year old male, who sustained an industrial injury on 07/16/2013. He reported that he felt his back crack and experienced immediate pain. Treatment to date has included physical therapy and medications. According to a progress report dated 02/12/2015, the injured worker complained of neck and low back pain. The provider noted that the injured worker had never had any chiropractic treatment in the past. Objective findings included tenderness and spasm to the paraspinal muscles, decreased range of motion in the lumbar spine and positive straight leg raise on the right. Diagnoses included cervical/lumbar sprain/strain and sciatica. Treatment plan included six chiropractic sessions to the lumbar spine. Per a prior UR review, the claimant was authorized six chiropractic sessions in January 2015. Per a progress report in October 16, 2014, the provider states that the claimant has not had any chiropractic treatment in more than one year. He also states that chiropractic did help him significantly with his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient six (6) chiropractic sessions to the lumber spine: Upheld

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

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 how many chiropractic visits have already been rendered, but the claimant has had chiropractic in the past with subjective benefits. However the provider fails to provide documentation of any objective functional improvement. Furthermore, the same provider now states that the claimant has not had chiropractic in the past and is requesting an initial trial. A request for an initial trial is denied since the claimant has already had chiropractic. Further chiropractic is not medically necessary because of the lack of functional improvement from prior chiropractic.