

Case Number:	CM14-0173058		
Date Assigned:	10/23/2014	Date of Injury:	06/08/2014
Decision Date:	11/25/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 41 year old female who sustained a work related injury on 6/8/2014. 6 additional visits of chiropractic were approved on 10/16/14. The claimant had 12 sessions of chiropractic from 9/10/14-10/6/2014. Per a progress summary 10/6/2014, lumbar spine range of motion improved with flexion (20 to 42), extension (8 to 15), left lateral flexion (10 to 18), right lateral flexion (12 to 20), straight leg rising (SLR) left (55 to 68) right (48 to 60), and muscle strength (4+ to 5+). Sitting has improved from 15 to 20 minutes, lifting and carrying has improved from 10 to 20 pounds. Other prior treatment includes TENS, physical therapy, and medications. Per a PR-2 dated 9/18/14, the claimant complains of lumbosacral pain with radiation to the bilateral extremities. Her diagnosis are lumbar sprain/strain and myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy 12 visits 3x4 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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 when there is 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 weeks for flare-ups. The claimant has already had 18 visits of chiropractic approved and at least 12 completed. Although there was functional improvement with the first twelve sessions, six additional visits have been certified with no documentation of completion. Since 18 visits have already been approved and there is no documentation of return to work, further chiropractic visits are not medically necessary.