

Case Number:	CM13-0000882		
Date Assigned:	02/28/2014	Date of Injury:	02/23/2013
Decision Date:	06/27/2014	UR Denial Date:	06/07/2013
Priority:	Standard	Application Received:	06/28/2013

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 Medicine 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:

The patient is a 54 year old male who injured his lower back on 2/23/2013, while performing his duties as a sheriff's deputy. For his chief complaints, the Primary Treating Physician (PTP) reports that the patient "currently, patient has persistent, mild-moderate achy and sharp pain. Today, his pain is 3-4/10. The pain is located mostly on the right low back if he sits for a prolonged time he feels burning down his right leg and he has to move around before the pain subsides." The patient has been treated with medications, a selective nerve root block injection, physical therapy and chiropractic care (6 sessions). Diagnoses assigned by the PTP for the lumbar spine are lumbar radiculopathy and lumbar muscle strain. MRI of the lumbar spine has shown multilevel lumbar spondylosis and facet hypertrophy with central canal narrowing and foraminal narrowing mostly on right L5/S1. An EMG/NCV study of the lower extremities has not been provided. The PTP is requesting 8 additional sessions of chiropractic care to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED CHIROPRACTIC THERAPY, 2 TIMES A WEEK FOR 4 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section. Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

Decision rationale: This is a chronic low back injury with radiculopathy. MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.