

Case Number:	CM13-0004807		
Date Assigned:	08/08/2013	Date of Injury:	05/11/1994
Decision Date:	01/08/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic 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 physician 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:

A 51 year old male sustained a work-related injury on 5/11/1994, he had injured shoulder and low back. The diagnoses include: lumbar disc disorder w/o myelopathy (ICD -9 codes 722.10), lumbar sprain/strain (ICD -9 codes 847.2), sciatica: neuralgia of sciatic nerve (ICD -9 codes: 724.3). Over eight week period the patient has received 20 chiropractic adjustments. The request disputed for 6 additional visits. The progress note showed subjective increased pain, and decreased ADL's. Objective findings included Kemps, SLR (straight leg raise), noted sensory and muscle loss. For low back treatment, chiro treatment is recommended as an option. Therapeutic care included trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is Not medically necessary. In the case of recurrences/flare-ups, the provider needs to re-evaluate treatment success, if RTW (return to work) achieved then 1-2 visits every 4-6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiro treatment times six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The MTUS Chronic Pain Guidelines indicate chiro treatment is recommended as an option for low back: for therapeutic care, arial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. For recurrences/flare-ups, the provider needs to re- evaluate treatment success, if RTW (return to work) achieved then 1-2 visits every 4-6 months. In this case, the medical records indicate 20 visits in eight weeks that are in excess according to the MTUS guidelines recommendation. An individual's non-compliance with therapeutic exercises can lead to de-conditioning and weakness, this is also related to the increase in pain. If the empoyee has been found to participate in his home care, then he may be evaluated for either additional visits or an evaluation by an alternate provider. The request for additional chiro treatment six sessions is not medically necessary and appropriate.