

Case Number:	CM13-0010760		
Date Assigned:	11/13/2013	Date of Injury:	10/05/2012
Decision Date:	01/24/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/14/2013

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 licensed 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:

The patient is a 59 year old female with a date of injury of 10/5/12. According to the progress report dated 7/11/13, the patient has continued complaints of neck pain with radiation down to the left arm and low back with radiation down to her foot. An MRI of her lumbar spine revealed moderate left paracentral disc protrusion at L4-L5, with bilateral facet and ligamentum flavum hypertrophy, resulting in severe left and moderate right neural foramina stenosis. There was a 5mm disc protrusion at L3-L4 and a 4mm disc protrusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six outpatient chiropractic treatments to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended for a trial of six visits over two weeks, with a total of 18 visits over 6-8 weeks. It is not recommended for elective/maintenance care. The guidelines recommend 1-2 visits every 4-6 months if return to work is achieved, with re-evaluation of treatment success for patients

with a flare up. According to Â§ 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living, or reduction in work restriction as measured during the history and physical exam, as well as a reduction in dependency on continued medical treatment. The patient has completed 18 chiropractic sessions without evidence of improvement in activities of daily living in the submitted documents. The number of sessions requested by the provider exceeds the recommended amount for flare-ups for the given year. Therefore, the request is not medically necessary.