

Case Number:	CM13-0014209		
Date Assigned:	04/23/2014	Date of Injury:	10/02/1996
Decision Date:	06/10/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/20/2013

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 Chiropractics 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 53 year old male who injured his lower back on 10/2/1996. Per Primary Treating Physician symptoms are states as "lumbosacral pain moderate, intermittent to frequent symptoms and sciatic neuralgia minimal to slight, occasional to intermittent symptoms." Patient has been treated with chiropractic care in the past; however there are notes in the materials provided that document other treatments. The diagnoses for the lumbar spine as assigned by the primary treating physician are lumbar IVD displacement, segmental dysfunction, sciatic neuralgia and myofibrosis. MRI studies of the lumbar spine have been requested and denied. Future medical award exists per QME to include chiropractic care. The PTP is requesting 7 chiropractic sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 CHIROPRACTIC TREATMENT, 7 SESSIONS FOR THE LUMBAR SPINE, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: This is a chronic case with a date of injury 10/2/1996. Future medical award is in place per QME to include chiropractic care upon flare-ups. The chiropractic treatment records in the materials submitted for review do not show any objective functional improvement while the care is being rendered, as described by MTUS.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 past treatment in addition to objective measurements from several time periods in which the patient received the care. However, improvement is not objectively measured while the care is rendered nor the records as such do not exist in the materials provided for review. The records provided by the primary treating chiropractor do not show objective functional improvements with prior chiropractic treatments rendered. The 7 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.