

Case Number:	CM13-0021368		
Date Assigned:	11/08/2013	Date of Injury:	07/24/2013
Decision Date:	01/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

Patient is a forty nine year old, female with a date of injury of 06/26/2013. Patient has diagnoses of lumbar disc syndrome and lumbosacral radiculitis. [REDACTED] of the lumbar spine, dated 08/01/2013, showed a 5.7 mm caudally dissecting disc extrusion at L4-5 that abuts the thecal sac and a 2.9 mm disc protrusion at L3-4. According to [REDACTED] report, dated 08/08/2013, patient complains of constant and moderate pain in her lower back, radiating to both legs with numbness in the feet. The primary treating physician, [REDACTED] on his progress report dated 08/12/2013, notes patient has received transient relief of her lumbar spine complaints with chiropractic care at his facility. There was no examination noted and he makes no reference to patient's return to work status. His request is for continued chiropractic care at one time per week for six weeks.â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Patient has diagnoses of lumbar disc syndrome and lumbosacral radiculitis. [REDACTED] on his progress report dated 08/12/2013 notes patient received transient relief of her lumbar spine complaints with chiropractic care at his facility and requests additional 6 chiropractic visits. No examination was documented and the return to work status was not addressed. There is no indication in the provided medical file that clarifies the exact number of previously received chiropractic treatments. California Medical Treatment Utilization Schedule (MTUS) recommends as an option a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. For recurrences/flare-ups re-evaluate treatment success and if RTW is achieved then 1-2 visits every 4-6 months. The primary treating physician does not indicate that a Returned to work status was achieved in this patient, which if it had been and the treatment was intended to treat a flare-up, California Medical Treatment Utilization Schedule (MTUS) recommends only 1-2 sessions every 4-6 months. The primary treating physician's current request for 6 visits exceeds what is allowed by MTUS guidelines. Recommendation is for denial.