

Case Number:	CM13-0021468		
Date Assigned:	06/09/2014	Date of Injury:	02/18/1998
Decision Date:	07/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation and Pain Management, 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 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 70 year old with an injury date on 2/18/98. Based on the 8/18/13 progress report the injured worker diagnoses are displacement of thoracic intervertebral disc without myelopathy, lumbar disc displacement with radiculopathy, lumbar radiculitis, sprain of thoracic, sprain of lumbar and spinal enesopathy. The exam on 8/18/13 showed decreased dermatomes RLE L5; decreased L-spine range of motion with PN on end range. The injured worker had severe hypertonicity thoracic-spine through lumbar-spine paraspinal musculature. The injured worker had positive ortho test findings. The treating physician is requesting chiropractic two times a week for three weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TWO TIMES THREE FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Manual Therapy and Treatments, Chapter 4 Page(s): 58,59.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for chiropractic two times a week for three weeks for the lumbar spine but the request for authorization was not included in provided reports. On 6/20/13, the patient reported an exacerbation in low back pain and received an emergency treatment. The review of the report shows the patient had 9 chiropractic treatments between 2/27/13 and 4/8/13. The 8/18/13 report states medication is no longer effective in controlling pain. The MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. The MTUS guidelines allow 1-2 sessions every 4 months if the patient is working. In this case, it is unclear if the patient has returned to work. Furthermore, the treating physician does not provide a discussion regarding the patient's response to prior chiropractic treatments earlier in 2013. Without documentation of significant functional gains from prior treatments, additional treatments cannot be considered. As such, the request is not medically necessary.