

Case Number:	CM13-0027574		
Date Assigned:	12/11/2013	Date of Injury:	03/04/2011
Decision Date:	02/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 33-year-old male employed as a Corrections Officer who sustained an injury to his lumbar spine due to a work-related auto accident on 3/4/2011. A periodic progress report by the Primary Treating Physician (PTP) identifies the subjective complaints as lower back pain with radiculopathy. The diagnosis provided by the initial PTP per the progress reports provided in the records was lumbar radiculopathy. A lumbar MRI report showed 2-3 mm broad based disc bulges at L3/L4, L4/L5 and L5/L6. Patient has received treatments in the form of medications, physical therapy, acupuncture, TENS unit, heating pad and chiropractic care. According to the report of 10/3/12, the PTP reports that the patient "has had chiropractic care which has actually worsened his symptoms." On 4/17/13, the patient received trigger point injections, without improvement. In light of these findings, the specialist physician and the PTP on the case requested an additional 12 sessions of Chiropractic care, with sessions to be rendered at 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation for his back, QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/09, Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Manipulation and manual therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation, Lumbar spine

Decision rationale: Clinical findings from the many progress reports provided in the records do not exist. The PTP simply reports muscle stiffness and how the patient is feeling at the time of the exam. The PTP also says in his report dated 10/3/12 that the patient "has had chiropractic care which has actually worsened his symptoms." Objective functional improvements from prior chiropractic therapy are not documented and are lacking from the records. As for manual therapy and manipulation, the Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation "are recommended for chronic pain if caused by musculoskeletal conditions." It also states that the "goal is to achieve positive symptomatic and/or objective measurable gains in functional improvement." This is specific to the low back. The MTUS, in 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." Given the non-existence of records documenting objective functional improvement from prior chiropractic care, I find the requested 12 visits of chiropractic care at 3 times per week for 4 weeks to be not appropriate and not medically necessary.