

Case Number:	CM13-0033510		
Date Assigned:	12/06/2013	Date of Injury:	08/05/2010
Decision Date:	02/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/09/2013

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 a licensed Doctor of 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 injured worker is a 33-year-old male with the date of injury of August 5, 2010. His PTP most recently evaluated him on September 10, 2013 due to increased pain in his low back that has been radiating down both legs, down to the knees, with left side worse than right. Patient has been permanent and stationary. The doctor recommended new MRI of the lumbar spine, EMG nerve conduction study for the bilateral lower extremities, and recommended a trial of chiropractic. Prior history shows visits of chiropractic starting in January 2013 and ending in June 2013. The most recent MRI scan of October 11, 2013 showed significant findings of degenerative joint and disc disease at L4-L5 and L5 S1. There are findings of effacement of the bilateral L5 nerve roots and left S1 nerve root. On September 23, 2013 there was a request for chiropractic treatment at two times a week for six weeks which was reviewed by utilization review and was noncertified. This IMR is in response to the denial of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, twice a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The patient has low back pain with radiating symptoms into both legs. are significant MRI findings are consistent with the symptoms. His PTP performed a new MRI on October 11, 2013 after the patient's increased symptoms in September 2013, this MRI shows significant findings. Prior injections were performed on this patient in January 2013 to his low back for the diagnosis of bilateral sciatica. Chiropractic care was requested an authorized on December 20, 2012 for 12 visits. Patient started chiropractic care on January 3, 2013 for as low back and neck pain. At that time the low back pain was rated a 4 on a 10 pain scale. The last visit of June 18, 2013 for chiropractic care should low back pain to rated at a 4 on a 10 pain scale. A utilization review that was performed on a recent request for additional 12 visits of chiropractic care as requested by the PTP, on September 23, 2013 and it was noncertified. In the utilization review it was stated that the claimant has had 24 sessions [of chiropractic care] with the last session being June 18, 2013. The request for authorization was denied by utilization review citing chronic pain medical treatment guidelines which recommended trial six visits of two weeks with evidence of objective functional improvement, then if so treatments can be approved for up to 18 visits. In this case the medical records did not show functional improvement in the patient or any changes in his work capacities. The records also did not show 24 visits of chiropractic care, but 10 office visit notes with a chiropractor and an initial RFA for chiropractic treatment approved for 12 visits.