

Case Number:	CM13-0041846		
Date Assigned:	12/20/2013	Date of Injury:	04/07/1997
Decision Date:	04/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 40 year old male who injured his lower back on 4/7/1997. Per Primary Treating Physician symptoms are reported as "lumbar region and right lower extremity pain." Patient is also reported to have a history of "right sided L4-5 radiculopathy." Patient has been treated with medications, physical therapy, injections, chiropractic care and is status post-surgery (L4-5 laminectomy and discectomy 2004). The diagnoses for the lumbar spine are lumbago, post-laminectomy syndrome-lumbar and lumbosacral neuritis. There are no records of any past MRI studies of the lumbar spine or EMG/NCV studies. The PTP is requesting 6 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:

6 VISITS LUMBAR CHIROPRACTIC TREATMENT: 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 Page(s):
1. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MANIPULATION SECTION

Decision rationale: There are no chiropractic treatment records in the materials submitted for review. The patient has had chiropractic care in 2011, per PTP's reports. MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if [REDACTED] 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 but no objective measurements are listed. The records provided by the primary treating chiropractor do not show objective functional improvements with prior chiropractic treatments rendered. The chiropractic care records are not present in the records provided. The 6 chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.