

Case Number:	CM13-0043628		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2011
Decision Date:	02/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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:

The injured worker was a 36-year-old male of the time of injury of December 19, 2011. His was driving his company truck when he was hit by another car in the left lane striking the side of his vehicle. Patient experienced pain the low back region and the thoracolumbar spine. Patient was initially seen by an occupational medical clinic at which he was given 9 physical therapy sessions, and modified job duties, which were not accommodated by his workplace. Due to continued pain, the injured worker started chiropractic care and has received over 24 visits of chiropractic. There is a history of an epidural steroid injection to the lumbar spine which according the report did not help him. There is a history of nerve conduction study of the lower extremities performed in May 2012 that was positive for left S1 radiculopathy. There was report written by the primary treating chiropractor dated September 4, 2013 stating the patient has undergone 24 visits chiropractic care, with a request for secondary surgical opinion with orthopedic surgeon for his left lower extremity pain and also request for him to see a neurovascular surgeon, additionally care was transferred to a different primary treating physician. The diagnosis is low back pain increased on the right to the legs, thoracolumbar pain, stress and depression, sleep problems, sexual difficulties. There is a request for authorization of the evaluation for that date and the treatment for that date, of September 4, 2013. Utilization review was performed on September 25, 2013, which viewed request for chiropractic evaluation times one and sessions times two, which was noncertified. Utilization review concluded there is no evidence any significant gains as a result of prior chiropractic treatment, UR states there have been 36 sessions of chiropractic care for this injury. IMR was filed

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions: evaluation times 1 and sessions times 2 (to total 38 sessions for life of claim): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, functional improvement Page(s): 58-60, 48.

Decision rationale: This patient was involved in a motor vehicle crash causing injuries to his thoracolumbar spine and lower extremities. He received occupational medical care, physical therapy, and chiropractic care. The medical records revealed that the patient had a least 24 visits of chiropractic, and possibly up to 36 visits for this injury. The medical report by the primary treating chiropractor dated September 4, 2013, revealed the patient continues have weaknesses in his left thigh is walking with a limp and is using a cane. He continues have pain in his low back region and is recommending a secondary consult with orthopedic surgeon and transfer of care to another medical physician. The progress report did not denote any functional improvement with prior chiropractic treatment. California chronic pain medical treatment guidelines for manual therapy and manipulation denote that additional care and treatment must be accompanied by objective functional improvement, in this case there is none documented in the reports. Functional improvement measures, as noted on page 48 of the chronic pain medical treatment guidelines, denote that for chronic pain patients functional improvement measures are recommended as "the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. " The requesting physician in this case did not demonstrate functional improvement of the patient with a prior treatment and therefore not meeting the guidelines for medical necessity for additional sessions of chiropractic care.