

Case Number:	CM13-0044317		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2001
Decision Date:	03/12/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/28/2013

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 orthopedic surgery and is licensed to practice in New Hampshire, New York and Washington. 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 patient is a 55-year-old male who sustained an injury to his low back when he was moving a large object. He has chronic low back pain. Treatment to date has included chiropractic care 12 sessions but not all the sessions were completed. The patient showed some signs of improvement with the initial chiropractic sessions, but he continued to have aggravating low back pain and leg pain. Specific sustained improvement is not documented. On physical examination the patient has significant pain in his low back. He has a sensory loss documented L5-S1. He has significantly decreased range of motion of his back because of pain. The medical records do not contain any documentation of significant and sustained improvement with treatment of the low back pain condition thus far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 Conditioning Sessions (Chiro): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy and Manipulation.

Decision rationale: Established guidelines indicate that the intended goal of manual medicine is the treatment of positive symptomatic or objective measurable gains in functional improvement. The medical records do not document any evidence of functional improvement in this case. Therefore, establish criteria for continued chiropractic visits are not. In addition, a trial of 6 chiropractic visits over 2 weeks should be accompanied with evidence of objective functional improvement. Because there is no objective evidence of functional improvement as documented in the chart criteria for additional chiropractic visits and I met at this time.

Standing Magnetic Resonance Imaging (MRI)-LS Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

Decision rationale: The use of standing MRI imaging machines remains experimental at this time. There is no established peer reviewed literature that demonstrates the fact that standing MRI is more effective than the conventional MRI in the diagnosis of degenerative lumbar disorders and chronic low back pain. Standing MRI imaging remains experimental at this time. More comparative outcomes data is needed to demonstrate the effectiveness of the standing MRI technique. Guidelines do not recommend the use of standing MRI over conventional MRI.