

Case Number:	CM13-0045351		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2001
Decision Date:	02/26/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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:

Review of the records provided reveal that the patient is a 56 year old male who sustained an injury to his lower back while performing his duties as a custodian/maintenance worker on 4/23/2001. The symptoms reported per the initial QME report dated 11/18/2003 are "generally dull but sometimes sharp low back pain with some numbness and tingling into the right foot. Treatments have included cryotherapy, physical therapy, home exercise program, chiropractic care and several prescription and OTC medications. Diagnoses assigned by the PTP for the lumbar spine are lumbar disc herniation and chronic lumbar strain. MRI of the lumbar spine performed on 1/4/05 provided these findings: "Mild degenerative disc disease at L2/L3 and L3/L4, Moderate to severe disc disease at L4/L5 without a significant appearing protrusion, central canal stenosis or neuroforamen compromise." [REDACTED] care award has been provided to the patient to address future flare-ups. Due to the success of the previous chiropractic care the PTP is requesting 6 sessions of chiropractic care to the lower back to address the current flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic visits for the lumbar spine: Overturned

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

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

Decision rationale: The Official Disability Guidelines (ODG) states: "Treatment parameters from state guidelines: a. Time to produce effect 4-6 treatments. b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatments may be continued at 1 treatment every other week until the patient has reached MMI and maintenance treatments have been determined. Extended duration of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with co morbidities. Such care should be re-evaluated and documented on a monthly basis. Chiropractic records are provided from 12/26/2012 to 11/15/13. Looking at the PR2 reports provided detailing patient's 6 visits in May and June 2013 it is documented that pain levels start at 7/10 (First visit on 5/15/13) and end with 3/10 in intensity (on 6/28/13). Treating chiropractor also reports a return to work status at the conclusion of care and that response to treatment has been favorable and pain levels decreased with improvements in range of motion "level of decrease" from "moderate-severe" in the first visit to "mild-moderate" by the last visit. Given that chiropractic records provided show that the patient returned to work after the completion of the provided sessions of chiropractic care and the presence of functional improvements documented by the treating chiropractor, the 6 chiropractic therapy sessions to the lumbar spine are medically necessary and appropriate.