

Case Number:	CM13-0050407		
Date Assigned:	12/27/2013	Date of Injury:	06/12/1998
Decision Date:	03/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/13/2013

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 Medicine, and is licensed to practice in Texas. 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 46-year-old female who reported an injury on 06/12/1998. A review of the medical record revealed the patient's diagnoses were low back pain, lumbar degenerative disc disease, lumbar radiculitis, and status post lumbar spinal fusion. The most recent clinical note dated 12/02/2013 reveals the patient states her medications are helpful and well-tolerated. She does not need any refill medication at this time. The patient has previously received use of a TENS, epidural steroid injections, and medication management. The patient has received prior chiropractic visits. There is no clinical documentation of any significant change in the patient's complaints of pain or functional status after previously-mentioned chiropractic visits. The patient rates her pain to her lower back 10/10 on the VAS without medications and 8/10 to 9/10 with medications. She describes her pain as stabbing in her low back, buttocks, and posterior left thigh. The patient states that her pain is worse with sitting, standing, bending, and lifting. Her pain is better with lying down and medications. Physical examination of the lumbar spine revealed sensation to be intact, but reduced sensation of the bilateral plantar feet. The patient had 5/5 bilateral lower extremity strength, deep tendon reflexes were +2 and symmetric, negative Babinski's, the sacroiliac joints were nontender, sciatic notches are pain-free to palpation, there was tenderness noted over the paraspinals, increased pain with flexion and extension, a straight leg raise elicits low back pain, and there was no clonus or increased tone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, one (1) time a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Manual therapy & Manipulation Page(s): 58-59.

Decision rationale: Per California MTUS Guidelines, it is stated that for low back pain, there should be a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks can be approved. However, it is stated that per California MTUS Guidelines, there should be 1 to 2 times a week for the first 2 weeks after injury, and then treatment may continue 1 treatment per week for 6 weeks. However, the patient's injury is over 15 years old, and chiropractic treatments were not initiated immediately upon the injury. As the patient has received previous chiropractic treatments without any significant change in her functional status or complaints of pain, the medical necessity for further chiropractic care could not be medically necessary at this time, and the request for chiropractic treatment 1 time a week for 6 weeks is non-certified.