

Case Number:	CM13-0050693		
Date Assigned:	12/27/2013	Date of Injury:	06/23/1992
Decision Date:	03/07/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 physician 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:

The patient is a 75 year old male retired firefighter who sustained injuries to his left shoulder and lower back on 6/23/1992 according to the specialty physician's report dated 9/16/13, per the records provided. The mechanism of injury per this specialist's report was a fall into a "ditch" while at work. Other injuries have also occurred over the course of his work as a fireman to the same and other body parts. Symptoms reported include constant pain in right lower back, right hip and inner groin on the right with radiating pain into the right thigh and leg per the specialty physician's report. Patient has been treated with medications, 2 epidural injections and chiropractic care. Past surgeries have been to the left hip and shoulder. Diagnosis assigned by the PTP is lumbar disc syndrome with right radiculopathy. MRI of the lumbar spine performed on 10/15/13 provided these significant findings: "L4/L5 moderate broad-based disc bulge with superimposed right foraminal disc osteophyte complex which in combination with moderate bilateral facet arthropathy and ligamentum flavum thickening cause right neural foraminal narrowing with possible impingement of the exiting right L4 nerve root, mild to moderate spinal canal stenosis and partial effacement of the bilateral-lateral recesses with possible impingement of the descending right L5 nerve root. The thecal sac measures 10 mm in AP dimension." The treating chiropractor is requesting chiropractic 4 therapy 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:

Chiropractic treatment for the lumbar spine (4 sessions): Upheld

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 Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

Decision rationale: This is a chronic case with a date of injury of 6/23/1992. The patient is now 75 years of age and retired. Records provided for review for chiropractic care consist of one PR-2 report from the treating chiropractor dated 10/18/13. Data from chiropractic care to the lumbar spine showing objective measurable gains from prior/current treatments rendered to the patient do not exist in the records as defined in the MTUS definitions. Furthermore, it is unclear if the patient received any prior chiropractic therapy to the lumbar spine from the records provided. 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. MTUS Chronic Pain Medical Treatment Guidelines state that Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The same section also states that manipulation is recommended as an option. ODG Guides Low Back chapter states that for recurrences/flare-ups there is a need to re-evaluate treatment success. Given that chiropractic records do not exist to show objective functional improvements I find that the 4 chiropractic therapy sessions to the lumbar spine to not be medically necessary and appropriate.