

Case Number:	CM13-0058165		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2001
Decision Date:	03/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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:

The patient is a 59 year old female who injured her lower back on 11/08/01 while performing her duties as a clothes sorter. The qualified medical examiner (QME) report dated 6/12/13 states the mechanism of injury is consistent with the subjective complaints presented by the patient. Per the QME's report, low back and leg symptoms reported are slight and constant, but are becoming moderate. The patient has been treated with medications, heat/cold therapy, home-based exercises, physical therapy, and chiropractic care, including physiotherapy modalities. Diagnoses include lumbar sprain/strain with left radiculitis. An MRI of the lumbar spine performed on 9/8/08 revealed mild multilevel degenerative changes with no evidence of nerve root compression. There is slight evidence of a small disc bulge at L4/L5, probably not a significant finding, and there is a rounded lesion within the L4 vertebral body possibly representing some focal fatty infiltration or a small vertebral body hemangioma. The multilevel degenerative changes are consistent with the patient's age. EMG/NCV was also performed on 5/14/03, showing slight left L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three chiropractic manipulation/physiotherapy sessions: 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 Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This is a chronic case with ongoing care provisions awarded for flare-ups. Guidelines state that if a return to work has been achieved, then 1-2 chiropractic visits every 4-6 months may be awarded for significant functional limitations that are likely to respond to repeat chiropractic care. The patient 'return to work' status was achieved in 2013, after chiropractic care; however, the employer did not have to accommodate the patient's modified duty at that time. The MTUS 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, and a reduction in the dependency on continued medical treatment. The MTUS Chronic Pain Medical Treatment 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 detailed records kept by the primary treating chiropractor show objective functional improvements with ongoing chiropractic treatments rendered. As such, the requested chiropractic manipulation/physiotherapy is medically necessary and appropriate.