

Case Number:	CM13-0066257		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2012
Decision Date:	03/27/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/16/2013

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, 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 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 50 year old female who injured her lower back on 08/29/2012 while performing her duties as a nurse's assistant. Per Primary Treating Physician (PTP), symptoms reported are "constant lower back pain with radicular symptoms to right lower extremity numbness in right calf." Patient has been treated with medications, physical therapy and chiropractic (18 sessions completed). Diagnoses assigned by the PTP for the lumbar spine are lumbar sprain/strain with neuritis/radiculitis of the lumbar spine and displacement lumbar spine. MRI of the lumbar spine per PTP's report shows "5 mm disc bulge at L5/S1 with facet hypertrophy causing neuroforaminal narrowing and 5-6 mm disc protrusion at L1/L2 causing bilateral foraminal stenosis." The PTP is requesting 5 chiropractic 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:

The request is for additional chiropractic sessions to the lumbar spine times 5: Upheld

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

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, Manipulation Section; Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1.

Decision rationale: The patient has completed 18 sessions of chiropractic care to date. Recent regulations place a cap of 24 sessions for chiropractic care for dates of injury occurring on or after 1/1/2004. ODG Low Back Chapter for Recurrences/Flare-Ups states : "Need to re-evaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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." The patient was seen initially on 9/9/13 for her first chiropractic care treatment session. Pain for the low back was graded by the treating chiropractor as 6-8/10 with no range of motion measurements. On 10/18/13 after 18 visits the pain level is documented as 8/10 with pain being "75-100% constant." Stating that the pain has decreased and range of motion increased does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 5 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.