

Case Number:	CM13-0066263		
Date Assigned:	01/03/2014	Date of Injury:	06/09/2012
Decision Date:	03/25/2014	UR Denial Date:	12/02/2013
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 expert 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 59 year old female who injured her lower back on 06/09/2012 as a result of a slip and fall. Per the PTP's Doctor's First Report of Injury the subjective complaints are "constant, moderate pain in her neck, middle back and lower back associated with pain and numbness in her left shoulder, bilateral hands and right ankle. In addition she suffers from frequent headaches." Patient has been treated with medications, home exercise program and chiropractic care (6 sessions completed). Patient has been returned to full duty. Diagnoses assigned by the PTP for the lumbar spine is lumbosacral sprain with associated sciatic neuralgia. There are no diagnostic nor imaging studies available for review. The PTP is requesting 12 chiropractic sessions to the lumbar spine. The UR department modified the request and authorized 6 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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, Manipulation Section

Decision rationale: The PTP requested 12 sessions of chiropractic care. The [REDACTED] UR department has authorized 6 sessions. MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 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." For "severe" cases the MTUS ODG Low Back Chapter. Manipulation Section states that 18 visits are appropriate over 6-8 weeks with evidence of objective functional improvement. 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 first seen on 10/2/13. Objective measurements are available on the Doctor's First Report. The only other report is the PR2 report of 11/6/13 where objective measurements are not listed. Although the patient was returned to full duty the records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.