

Case Number:	CM13-0067185		
Date Assigned:	01/03/2014	Date of Injury:	04/08/2012
Decision Date:	03/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 Care 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 34 year old male who injured his lower back on 04/8/2012 while performing his duties as a driver. Per primary treating physician the symptoms reported are "back pain with intermittent numbness and tingling in his legs." The patient has been treated with medications and physical therapy. The diagnoses assigned by the PTP are spinal stenosis and disc protrusion. The MRI of the lumbar spine reveals evidence of moderate to severe central canal stenosis at L4/L5 and desiccation of the disc at L5/S1 with a 4-5 mm left paracentral disc protrusion with some nerve root impingement." Per AME's report EMG/NCV study shows "no evidence of radiculopathy." The PTP is requesting an initial trial of 8 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:

eight (8) chiropractic therapy sessions for the lumbar spine, two times a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient has never been treated with chiropractic care for this injury. The recent regulations place a cap of 24 sessions for chiropractic care for dates of injury occurring on or after 1/1/2004. None of these visits have been used. The California MTUS Chronic Pain Medical Treatment Guidelines and ODG both recommends manipulation for low back as an option with an initial trial of 6 visits over 2 weeks as indicated, but "with evidence of functional improvement total of up to 18 visits over 6-8 weeks are recommended." Given that this is a trial run of chiropractic care, 8 chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.