

Case Number:	CM13-0067188		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2013
Decision Date:	03/31/2014	UR Denial Date:	12/11/2013
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 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 injured her lower back on 01/25/2013 while performing her duties as a custodian. The records show the patient's symptoms are "an ache in the low back which is there intermittently and tends to go towards the buttocks with some numbness. At this time it predominately goes down the right leg." Patient has been treated with medications, physical therapy and chiropractic care (14 sessions completed). Diagnoses assigned by the PTP for the lumbar spine are sacroiliac pain and low back pain. X-ray study of the sacrum and coccyx are unremarkable. MRI study, per the PTP is normal. A Functional Capacity Evaluation was performed and the patient was returned to work in a full duty capacity. The PTP is requesting 12 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:

Chiropractic treatment for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 and MTUS Definitions page 1

Decision rationale: The patient has completed 14 sessions of chiropractic care to date. This is a chronic case with a date of injury 1/25/13. In order for additional sessions to be approved, treatment success should be shown in the form of objective functional improvement as described in the MTUS. MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW 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 by the treating chiropractor 14 times. A Doctor's First Report of Injury is present in the records provided and two PR-2 reports. Objective functional improvements have not been recorded in the records provided. Simply describing the nature and location of pain, as the treating chiropractor lists, 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 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.