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| Case Number: | CM13-0067606 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 10/02/1989 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 66 year old male who suffered an injury to his lower back on 10/2/1989 while performing his duties as an iron worker. Per the primary treating physician's PR-2 report the patient is complaining of lumbosacral pain and neuralgia (L3), slight to moderate, frequent to constant symptoms. The patient has been treated with medications, physical therapy, home exercise programs and chiropractic care. Diagnoses assigned by the treating chiropractor are lumbar disc displacement, neuralgia, segmental dysfunction, myofibrosis and muscle weakness. There are no diagnostic imaging studies available in the records for review. The PTP is requesting 6 chiropractic sessions to the lumbar spine to treat a flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY THREE TIMES A WEEK FOR TWO WEEKS FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Definitions, page 1 and Official Disability Guidelines (ODG) Low Back Chapter, Manipulation

Decision rationale: This is a chronic case dating back to 1989. The chiropractic treatment records in the materials submitted for review present with findings that show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS-Definitions 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. ODG Low Back Chapter recommends additional chiropractic care for flare-ups with evidence of objective functional improvement. The six chiropractic sessions requested to the lumbar spine are medically necessary and appropriate.