

Case Number:	CM13-0068305		
Date Assigned:	02/24/2014	Date of Injury:	10/13/2012
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 50 year old female who injured her lower back on 10/13/2012 while performing her duties as a nurse. For her chief complaints of low back pain and bilateral leg pain, the Primary Treating Physician reports that "the patient complains of constant discomfort and pain that waked her at night. The pain is increased with prolonged standing and walking and often radiates into the right buttock, thigh, knee and calf. She denies any numbness or tingling in the feet or toes today but notes occasional symptoms." Patient has been treated with medications, physical therapy, a psychological consultation and multiple injections. Diagnoses assigned by the PTP for the lumbar spine are lumbar sprain/strain with degenerative disc disease L5-S1, status post laminectomy 2001 and rule out residual nerve impairment. An MRI of the lumbar spine was requested but denied by UR. The PTP is requesting 12 chiropractic sessions to the lumbar spine. The UR has issued a partial certification for 6 of the 12 requested sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: MTUS ODG Low Back Chapter recommends an initial trial of chiropractic care. The UR department has already approved six sessions which fall within the MTUS Guidelines and recommendations of "trial of 6 visits over 2 weeks." The chiropractic care records are not present in the records provided and it is unknown if the initial 6 sessions have been completed. Therefore, the request for 12 chiropractic sessions to the Lumbar Spine to not be medically necessary and appropriate.