

Case Number:	CM13-0069131		
Date Assigned:	01/03/2014	Date of Injury:	10/22/2013
Decision Date:	05/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 30 year old female who sustained an injury to her low back on 10-22-2013 while lifting a heavy item. The patient's current complaint as reported by the PTP for the low back is "constant, severe radiating low back pain more on the right." The patient has been treated with medications, acupuncture, physical therapy, exercises chiropractic care (17 sessions) and physiotherapy modalities. An X-ray study of the lumbar spine has shown a normal study. The diagnosis assigned by the PTP is lumbar sprain/strain. The PTP is requesting 8 sessions of chiropractic care to the low back

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL CHIROPRACTIC THERAPY VISITS FOR THE LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):

1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

Decision rationale: The patient has been treated with chiropractic care in the past chiropractic per the records provided. The Official Disability Guidelines (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." The California 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." From the one PR-2 report provided the PTP describes some Improvements with past treatment but no objective measurements are listed. The records provided by the primary treating chiropractor do not show objective functional improvements with prior chiropractic treatments rendered. The chiropractic care records are not present in the records provided. The 8 chiropractic sessions requested to the lumbar spine are not medically necessary or appropriate.