

Case Number:	CM13-0072153		
Date Assigned:	01/08/2014	Date of Injury:	09/18/2009
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
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 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 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 26 year old male who injured his lower back on 9/18/09 while performing his duties as a store manager. The primary treating physician reports that the patient complains of intermittent moderate low back pain radiating to the left leg and foot, associated with a tingling sensation. The patient has been treated with medications, physical therapy, lumbar support, an epidural injection, acupuncture and chiropractic care. The patient's diagnosis is lumbar discopathy/radiculopathy. An MRI of the lumbar spine shows a broad based disc protrusion at L3/L4 and a left paracentral disc protrusion at the L5/S1 level. The disc material was shown to have come in contact with the left S1 nerve root. NCV/EMG studies of the lower extremities have resulted in a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC TREATMENTS TO THE LUMBAR SPINE, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This is a chronic low back injury with prior chiropractic care, per the records provided. The Official Disability Guidelines state that if repeat chiropractic treatment is sought, the patient would need to be re-evaluated in terms of treatment success. If return to work was achieved then 1-2 visits every 4-6 months would be appropriate, when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care. The MTUS states that functional improvement is a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The doctor's first report of injury does not show objective functional improvements with ongoing chiropractic treatments as described by the MTUS; it only documents the initial visit's findings and recommendations. As such, the request is not medically necessary.