

Case Number:	CM14-0000009		
Date Assigned:	01/10/2014	Date of Injury:	12/01/2001
Decision Date:	06/10/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/31/2013

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 59 year old female who injured several body regions and her lower back on 12/01/2001. Per the primary treating physician (PTP), the patient experiences low back pain with bilateral leg radiating pain. The patient has never had surgery. The patient has been treated with medications, physical therapy, an epidural injection, selective nerve root block, and chiropractic care. The diagnoses for the lumbar spine as assigned by the primary treating physician are "lumbar spine radiculopathy and severe lumbar sprain." There are no MRI or EMG/NCV studies available in the materials provided for review. The PTP is requesting 6 additional 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:

ADDITIONAL POST SURGICAL CHIROPRACTIC TREATMENT TWO TIMES PER WEEK FOR THREE WEEKS: Upheld

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

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

Decision rationale: The patient has received epidural injections in the past with some selective nerve root blocks only. The 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 PTP documents his findings on PR-2 reports from 2012 to 2013, but no objective functional measurements are listed. Objective functional improvement is not documented in the medical records provided for review. The patient continued to have increased levels of pain and radiculopathy for her lower back with ongoing chiropractic care as shown in the documentation provided by the PTP. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. Consequently, the request is not medically necessary and appropriate.