

Case Number:	CM14-0000412		
Date Assigned:	01/10/2014	Date of Injury:	06/01/2009
Decision Date:	06/05/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 a Licensed 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 42 year old female who suffered an injury to her lower back on 6/1/2009 while lifting a case of files and working as an office clerk. Per the primary treating physician's report the chief complaint is low back pain with radiation of pain to the left leg "with paresthesias." Patient has been treated with medications, trigger point injections, an epidural injection physical therapy, home exercise program, icing/heat, lumbar support, seat cushion and chiropractic care. Diagnosis assigned by the treating chiropractor is L5/S1 lumbar disc displacement. An MRI study of the low back has evidenced disc bulges measuring 1-3 mm at L3-4, L4-5 and L5-S1. The treating physician is requesting 8 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 QUANTITY 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapyet, Manipulation Section.

Decision rationale: The 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); and a reduction in the dependency on continued medical treatment." Additionally the Official Disability Guidelines recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." In this case, the chiropractic treatment records do not exist in the materials submitted for review. The findings presented by the treating physician are recorded at the time of flare-up in separate occasions but progress notes that chronicle the improvement as the patient is treated are not provided in the records. Therefore, the request for chiropractic therapy quantity 8, is not medically necessary and appropriate.