

Case Number:	CM14-0004607		
Date Assigned:	06/11/2014	Date of Injury:	01/04/2005
Decision Date:	07/23/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/13/2014

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 Chiropractor 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 73 year old female who injured her lower back on 01/04/2005. For her chief complaints, the primary treating physician reports that the patient "presented to this clinic with continued pain on the left side, but is bilateral. The pain occurs at rest and intensifies with reaching below shoulder level." The patient has been treated with medications and chiropractic care, per records provided. The diagnosis assigned by the primary treating physician for the lumbar spine lumbar degenerative disc disease. There are no records of any diagnostic studies in the materials provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY, QUANTITY 6: 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 (ODG).

Decision rationale: According to the small amount of records provided the patient has received chiropractic care in the past. According to 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." 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." In this case the primary treating physician describes some improvements with past treatments but no objective measurements are listed. The treating physician noted that treatment has decreased pain and some range of motion increase but does not provide objective functional improvement data as defined in The MTUS. Medical records do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic care records are not present in the records provided. Therefore, the request for chiropractic therapy, quantity 6 is not medically necessary and appropriate.