

Case Number:	CM14-0104388		
Date Assigned:	07/30/2014	Date of Injury:	02/23/1995
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 69 year old female who injured his lower back on 2/23/1995. The mechanism of injury as described in the records is constant lifting and moving of heavy cases of product. The chief complaints as reported by the primary treating physician is low back pain with radiculopathy. The patient has been treated with medications, home exercise program, physical therapy and chiropractic care. The diagnoses assigned by the primary treating physician are 5 levels of lumbosacral disc with sciatica/neuralgia and lumbosacral sprain/strain. An magnetic resonance imaging (MRI) study of the lumbar spine has revealed 1-4 mm disc protrusions and desiccations at L3-4, L4-5 and L5-S1 with impingement on left side of L4 nerve root and annular tear at L4-5 disc. Electromyography (EMG) study of the lower extremities has been positive. The primary treating physician is requesting 6 sessions of chiropractic care to the lumbar spine and one initial exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 1 initial exam & 6 follow-up treatments over next 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: This is a chronic low back injury case in which the patient has received chiropractic care in the past. Official Disability Guidelines (ODG) Low Back Chapter for Recurrences/flare-ups states: Need to re-evaluate treatment success, if return to work 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. California Medical Treatment Utilization Schedule (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. The primary treating physician not only describes improvements with treatment but lists objective functional improvements in his records. The functional improvement data is extensive and shows pain reduction and range of motion and functional improvements as listed in the records. Evaluation and management visit is well documented. The records provided by the primary treating chiropractor show objective functional improvements with ongoing chiropractic treatments rendered. I find that the one examination and 6 chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.