

Case Number:	CM14-0015178		
Date Assigned:	02/28/2014	Date of Injury:	06/26/2012
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Neurological Surgery 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 records presented for review indicate that this 42-year-old individual was injured in June 2012. There are ongoing complaints of low back pain with right lower extremity involvement. A course of physical therapy had been completed with not much improvement noted. Small disc protrusions are noted at L4/L5 and L5/S1. The physical examination noted tenderness to palpation and a decrease in lumbar spine range of motion. A follow-up evaluation completed September 2013 noted the treatment to date and the physical examination was essentially unchanged. A decrease in sensation in the right L5 dermatome is noted. It was felt the symptoms were worsening and epidural steroid injections were sought. The January 2014 evaluation noted the pain to be 7/10. The injured employee is reported to continue to be working. Electrodiagnostic studies reported to demonstrate a chronic radiculopathy. A partial certification of chiropractic care was noted to have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR THE LOW BACK QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: When noting the date of injury, the multiple interventions completed (to include physical therapy in previous chiropractic care), noting that the American College of Occupational and Environmental Medicine (ACOEM) guidelines endorse chiropractic care with the objectified clinical improvement and given that the code requested indicates a referral for surgical intervention, there is insufficient clinical data presented to support the ongoing need for additional chiropractic care. The request is not medically necessary.

REFERRAL TO SPINAL SURGEON SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7: Independent Medical Examinations and Consultations, Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) MTUS; Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: While noting that the diagnosis has been established and that this is not a complex clinical situation, there is a noted chronic radiculopathy. As such, while the radiculopathy does not appear to be a function of the compensable event, there is a need for a clinical opinion relative to the need for surgical intervention. Any surgical intervention would not appear to be a function of this injury, only a progressive degenerative ordinary disease of life malady. That point notwithstanding, a clinical evaluation is supported. The request is medically necessary based on American College of Occupational and Environmental Medicine (ACOEM) guidelines.