

Case Number:	CM14-0015830		
Date Assigned:	02/21/2014	Date of Injury:	10/13/2009
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 Medicine, 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 65-year-old who injured her right knee and lower back on October 13, 2009, as a result of a slip and fall, while performing her duties as a home care provider. For her chief complaints, the Primary Treating Physician (PTP) reports that the patient complains of low back pain. The patient has been treated with medications, lumbar facet steroid injection, bilateral medial branch block, epidural injection, acupuncture, physical therapy TENS (transcutaneous electrical nerve stimulation), and psychological consultation. Diagnoses assigned by the PTP for the lumbar spine are lumbar degenerative disc disease and lumbar facet arthropathy. MRI of the lumbar spine per PTP's report shows "mild degenerative disc disease at L3-4 and L4-5, and a small disc protrusion at L5/S1." The PTP is requesting an unspecified number of chiropractic physical therapy sessions to the lumbar spine with ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC PHYSICAL THERAPY FOR LUMBAR ULTRASOUND (UNSPECIFIED AMOUNT/DURATION): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

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: From the records provided there has been no mention of chiropractic care in the past for this patient. In this case, the requesting physician is not clear on the difference between physical therapy and chiropractic. Chiropractic physical therapy encompasses two different styles of therapy where manipulation is utilized in chiropractic care. From the records provided it seems that the PTP either mistakenly has stated "chiropractic physical therapy" or the work chiropractic was not meant to be placed on the request. The UR department has reviewed the request and approved eight sessions of physical therapy. Furthermore, a specific number of chiropractic sessions is not requested and the request is open ended. The ODG Low Back Chapter recommends manipulation for an initial trial "six visits over two weeks." The records provided by the primary treating chiropractor do not show objective functional improvements with prior chiropractic treatments rendered, if any, and the request does not specify a number of sessions. The request for chiropractic physical therapy for lumbar ultrasound (unspecified amount/duration) is not medically necessary or appropriate.