

Case Number:	CM14-0016656		
Date Assigned:	04/11/2014	Date of Injury:	03/31/2012
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 33 year old male with an injury date on 03/31/12. Based on 01/10/14 progress report, the listed diagnoses are L5/S 1 disc herniation, LS radiculopathy, and Lumbosacral sprain/strain -segmental dysfunction -myofascial pain. Presenting symptoms are constant lower back pain with left leg pain, numbness, tingling, and weakness. Patient has had chiropractic treatments with good response and the request is for additional treatments including physiotherapy modalities, myofascial release-active release techniques, along with manipulation for 2/wk for 6 weeks. This request was denied by 1/17/14 denial letter with the rationale that there was lack of functional improvement with prior treatments. The patient has had 12 sessions of chiro treatments from September to November 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PHYSIOTHERAPY TREATMENT QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Page(s): 58-59.

Decision rationale: This patient presents with chronic low low back pain with disc herniation of lumbar spine. The request is for 12 additional chiropractic treatments. Review of the reports show that the patient has had 12 sessions of chiro treatments toward the end of 2013. The treater indicates that the patient has had a good response. Regarding chiropractic treatments, MTUS guidelines recommend initial trial of 6 sessions and up to 18 sessions with functional improvement. Labor code 9792.20(e) defines "functional improvement" as significant change in ADL's or work status, and reduction in medical treatment dependency. In this patient, there is lack of evidence that the patient has had significant change in ADL's or work status. A mere statement that the patient responded well is inadequate documentation to support functional improvement. Recommendation is for denial.