

Case Number:	CM14-0019554		
Date Assigned:	04/23/2014	Date of Injury:	05/12/2003
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/17/2014

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 Doctor of Chiropractic, 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 59 year old female who suffered an injury to her lower back on 5/12/2013. Per the primary treating physician's request for treatment report the patient is complaining of "constant 76-100% of awake time back pain. She rated the pain 7/10 using a visual analog scale with 10 being extreme pain." Patient has been treated with medications, physical therapy, home exercise program, icing and chiropractic care. Diagnosis assigned by the treating chiropractor is lumbar disc displacement. There are no diagnostic imaging studies available in the records for review. The PTP is requesting 8 chiropractic sessions to the lumbar spine to treat a flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC (2) TIMES A WEEK FOR (4) WEEKS FOR THE LUMBAR SPINE:
Upheld

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.

Decision rationale: The chiropractic treatment records in the materials submitted for review present with findings that do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The findings are recorded at the time of flare-up in three separate occasions but progress notes that chronicle the improvement as the patient is treated are not provided in the records. The 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." MTUS ODG Low Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.