

Case Number:	CM14-0130002		
Date Assigned:	09/22/2014	Date of Injury:	03/10/2010
Decision Date:	10/21/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Licensed in Chiropractor, 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 61 year old female who injured multiple body regions and her lower back on 3/10/2010 while performing her duties as a food prep cook. The patient is status post-surgical (lumbar spinal decompression). The PTP reports that the patient complains of "leg numbness and tingling that radiates down to her foot. She currently rates her neck and back pain at 8-9/10 on the pain scale." The patient has been treated with medications, epidural injection, physical therapy, acupuncture and chiropractic care (24 sessions). The diagnoses assigned by the PTP are lumbar radiculopathy, multiple disc herniation, and status post micro-lumbar decompressive surgery. An MRI study of the pelvis has revealed "degenerative disc disease and scoliosis lumbar spine with presumed post-operative changes eccentric to the right and with paraspinous muscle edema." EMG/NCV studies are not present in the records submitted for review. The PTP is requesting 12 additional sessions of chiropractic care to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic care sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter,

Decision rationale: The patient has received 24 sessions of chiropractic care and is status post-surgery. For decompression surgery, The MTUS Post-Surgical Treatment Guidelines recommends 16 sessions of physical/rehab medicine therapy over 8 weeks. It is unclear from the records provided whether any of the chiropractic sessions already completed were rendered after surgery. The MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW 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." 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 PTP describes some Improvements with treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating physician do not show objective functional improvements with past chiropractic treatments rendered. The past chiropractic care notes are not present in the records provided. The number of chiropractic sessions rendered pre and post-surgery cannot be determined. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.