

Case Number:	CM14-0131650		
Date Assigned:	09/30/2014	Date of Injury:	08/13/2013
Decision Date:	12/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 44 year old female with an injury date of 08/13/13. The 04/24/14 progress report by [REDACTED] states that the patient presents with continuous lower back pain especially after working. Pain has decreased from 6/10 to 4/10. Examination reveals decreased range of motion of the lumbar spine with pain and stiffness and positive bilateral straight leg raise. The patient's diagnoses include: 1. Lumbar DJD with myelopathy; 2. Segmental dysfunction thoracic and lumbar spine; lumbar strain/sprain; 3. Lower back pain. The utilization review being challenged is dated 07/22/14. Reports were provided from 08/19/13 to 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pain Outcomes and Endpoints Page(s): 58, 59, 8.

Decision rationale: The patient presents with continuous lower back pain currently rated 4/10. The treating physician requests for Chiropractic Treatment 1 x 12 Visits. MTUS Manual Therapy

and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For therapeutic care - A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. On 06/12/14 [REDACTED] states that when the patient was undergoing chiropractic treatment it was very helpful and that the patient's symptoms are very manageable with this treatment. When treatment stops pain returns "full force" in 3-4 weeks. The treating physician recommends 1 treatment a month for 12 months. It is unclear from the reports provided how many chiropractic sessions the patient has received and when. The chiropractic treatment reports provided show the patient received at least 8 visits from 08/27/13 to 09/18/13; however, the 09/11/13 reports states that chiropractic treatment was not helpful and was to be discontinued. In this case, it appears the patient underwent an unknown number of chiropractic treatments prior to 06/12/14. The treating physician makes a general statement that the treatment helps the patient; however, no evidence of objective functional improvement is provided as required by MTUS. Furthermore, MTUS allows treatment over 6-8 weeks instead of the 52 weeks recommended by the treating physician. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. Recommendation is that the request is not medically necessary.