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| Case Number: | CM14-0021364 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 09/17/2013 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 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 27 year old female who injured her lower back on 9/17/2013, while performing her duties as a clinical care provider. For her chief complaints, the Primary Treating Physician reports that the patient complains constant severe low back pain which is aggravated by laying down, bending and prolonged sitting. Her current sitting tolerance is five minutes. She avoids prolonged walking and standing. There is intermittent radiation of pain in the right leg, calf and sole of her foot. This is associated with numbness and tingling. The patient has been treated with medications, cortisone injection and chiropractic care (10 sessions). Diagnoses assigned by the PTP for the lumbar spine are acute sciatica and mechanical low back pain, rule out internal disc derangement L5-S1. MRI of the lumbar spine has resulted in an unremarkable study (no abnormal findings) with the exception of a small hemangioma at L2. An EMG/NCV study of the lower extremities has resulted in a normal study. The PTP is requesting 8 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:

EIGHT ADDITIONAL CHIROPRACTIC SESSIONS AT THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The ODG indicates that for recurrences/flare-ups, there is a need to re-evaluate treatment success, if return to work is 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 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 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 chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. The requested 8 chiropractic sessions are not medically necessary and appropriate.