

Case Number:	CM14-0022569		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2007
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 55 year old female who injured her lower back on 08/09/2007 as a result of slipping off a chair. The chief complaint is low back pain with numbness in bilateral legs. The patient has been treated with medications, physical therapy and chiropractic care (24 sessions). The diagnoses assigned by the Primary Treating Physician for the lumbar spine are myalgia and myositis. There are no records of diagnostic imaging studies in the materials provided. The Primary Treating Physician 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 8 chiropractic sessions to 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 Other Medical Treatment Guideline or Medical Evidence: Definitions page 1.

Decision rationale: The patient has completed 24 sessions of chiropractic care from the year 2012 to 2013, per the UR review notes. ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW (Return to work) 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 Primary Treating Physician 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. therefore, the request of eight 8 chiropractic sessions to the lumbar spine is not medically necessary and appropriate.