

Case Number:	CM14-0029732		
Date Assigned:	06/16/2014	Date of Injury:	09/19/2011
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 49 year old male who injured his lower back on 9 /19/2011 while performing his duties as a maintenance worker. Per the Primary Treating Physician, symptoms are stated as lumbosacral pain +3/10. Patient has been treated with medications, home exercise programs and chiropractic care. The diagnosis assigned by the primary treating physician is lumbosacral sprain/strain with left sided radiculopathy. There are no records of any past MRI and/or EMG/NCV studies. The PTP is requesting 6 additional chiropractic sessions to the lumbar spine.

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 3 WEEKS FOR THE LOWER BACK:

Upheld

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

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 records provided for review are minimal and do not show objective functional improvements with prior chiropractic treatments rendered. The chiropractic care

records do not exist in the records provided. The MTUS Official Disability Guidelines Low Back Chapter recommends additional chiropractic care dependent on evidence of objective functional improvement. There are no records that document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. 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); and a reduction in the dependency on continued medical treatment. The chiropractic care records do not exist in the records provided. The six additional chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.