

Case Number:	CM14-0035773		
Date Assigned:	07/23/2014	Date of Injury:	05/29/2013
Decision Date:	08/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 37 year old female who injured her lower back on 05/29/2013 while working as a security guard. Per the PTP's progress report the subjective complaints are described as follows: low back pain and left lower extremity pain which radiates into the left buttock and down the lateral aspect of the right thigh. The patient has been treated with medications, epidural injections, physical therapy, TENS and chiropractic care. The diagnoses assigned by the PTP are lumbar sprain/strain and lumbar disc bulges. An MRI study of the lumbar spine has shown 3-4 mm disc protrusion at L4-5, 4-5 mm disc bulge at L5-S1 and multilevel degenerative changes most significantly involving moderate narrowing of the left lateral recess at L4-5 an L5-S1. An EMG study of the lower extremities has been negative for any radiculopathy or neuropathy. The PTP is requesting 9 additional chiropractic sessions to the lower back. The carrier's UR department has modified the request and authorized 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 times 3 QTY: 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS)

Guidelines Definitions, page(s) 1 and on the Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care per the records provided. The progress reports provided from the treating physician clearly show objective functional improvement as defined by MTUS. 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 MTUS ODG Low Back Chapter recommends for flare-ups/recurrences need to re-evaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months with evidence of functional improvement. There has been objective functional improvement with the rendered chiropractic care in the lumbar spine. In this case, the requested 9 sessions of chiropractic exceeds the MTUS recommendation of 1-2 visits. 9 chiropractic sessions requested to the lower back to not be medically necessary and appropriate.