

Case Number:	CM14-0036302		
Date Assigned:	06/25/2014	Date of Injury:	02/01/2013
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington and New Mexico. 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 injured worker is a 32 year old male with an original date of injury of 2/1/13. The mechanism of injury occurred when the patient reported a cumulative trauma injury to his back. Diagnosis is degenerative lumbar/lumbosacral intervertebral disc. MRI Imaging on 11/11/13 reported an annular fissure at L5-S1, retrolisthesis of L5 in relation to S1, broad-based posterior disc protrusion at L3-4 and L4-5 and degenerative changes in the lumbar spine. At this time, the patient has returned to work. The patient had 10 sessions of chiropractic therapy in 2010, 10 chiropractic treatments in 2012 and 10 sessions from 12/19/13 through 2/14/14, but this was helpful in relieving the patient's symptoms only temporarily. Although the patient claims chiropractic care has helped, recent treatment notes indicate a lack of improvement, with objective findings of positive straight leg raise and limited ranges of motion, with pain. The symptoms are aggravated by prolonged sitting, standing, lifting, bending, stooping or climbing stairs. The disputed issue is a request for 12 additional chiropractic treatments for the lumbar spine, with sessions 2 times a week for 4 weeks. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic sessions x 12 for the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Section Page(s): 58-59.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic low back pain. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. There has been no objective, functional improvement noted and elective/maintenance care is not recommended. The request for 12 chiropractic therapy sessions for the low back is not medically necessary.