

Case Number:	CM14-0036429		
Date Assigned:	06/25/2014	Date of Injury:	11/16/2013
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
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 41 year old male who injured his neck, upper back, lower back and groin region on 11/16/2013 while installing heavy granite countertops. The chief complaint is back pain. The patient states that it is moderately severe. He reports having symptoms for 41 days. The frequency is intermittent. The patient has been treated with medications, epidural injection, lumbar support, physical therapy and chiropractic care. The diagnosis assigned by the PTP for the lumbar spine is lumbar sprain/strain with radiculitis, cervical sprain/strain with radiculitis, thoracic sprain/strain and bilateral inguinal ligament strain. An MRI study of the lumbar spine has revealed a mild to moderate left sided foraminal stenosis at L3/4 and L5/S1. Also revealed with the MRI study was a mild left sided lateral stenosis at the L5 nerve root and 1-3 mm broad based disc bulges at L3-4, L4-5 and L5/S1. X-Ray studies of the cervical and thoracic spine have been negative. The PTP is requesting 8 chiropractic care sessions to the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 2,3,8, and 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back and Low Back Chapters, Manipulation Section and Definitions Page 1.

Decision rationale: The patient suffers from chronic neck, upper back, lower back and groin injuries. The ODG Low Back and Neck and Upper Back Chapters for Recurrences/flare-ups states the need to re-evaluate treatment success, if RTW 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. The 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; and a reduction in the dependency on continued medical treatment. The PTP describes some Improvements with treatment but no objective measurements are listed. Chiropractic treatment notes only provide the intensity of pain under subjective gains. This appears to be at 7/10 throughout the past chiropractic treatment rendered. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 8 chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.