

Case Number:	CM14-0040498		
Date Assigned:	06/27/2014	Date of Injury:	08/09/1997
Decision Date:	08/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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:

This is a 53-year-old female with a 8/9/97 date of injury. The mechanism of injury was not noted. According to a 1/10/14 progress note, the patient presented with back pain. She described her symptoms as aching, burning, intermittent, and pinching. The reported pain severity is moderate and moderately limits activities. Objective findings: moderate tenderness on palpation at the left lower lumbar paraspinal muscles and right lower lumbar paraspinal muscles. Diagnostic impression: back pain, lumbar degenerative disc disease, lumbosacral spondylosis without myelopathy. Treatment to date includes: medication management, activity modification, chiropractic treatment, home exercise program. A UR decision dated 2/25/14 denied the request for chiropractic treatment. The records from past visits show objective or subjective changes in the claimant's condition. It would appear that the claimant has achieved a plateau and the care requested represents maintenance. Hence the continued care requested does not meet medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment to the Lumbar, 2 sessions x 2 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints; 9792.24.2 page 58 Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. According to a 12/20/13 progress note, the patient has completed her 3 authorized chiropractic treatments. The chiropractic treatment has improved her pain as well as her tolerance for activity. She continues to do her home exercises that she has been instructed to perform on a regular basis. According to the notes from 12/20/13, the provider stated that the patient appears to need 1-2 treatments a month to sustain her therapeutic gains. Additional chiropractic treatments are supported by guidelines with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Therefore, the request for chiropractic treatment to the lumbar, 2 sessions x 2 months is medically necessary.