

Case Number:	CM14-0064288		
Date Assigned:	07/11/2014	Date of Injury:	07/11/2013
Decision Date:	08/13/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 28 year old male who injured his lower back on 07/11/2013 while lifting and emptying heavy buckets. Per the treating chiropractor's progress report the subjective complaints are described as follows: His LS not much better, still worse at night. He is continuing to have pain going up the back to between the shoulders. The patient has been treated with medications, physical therapy and chiropractic care with physiotherapy modalities. The diagnosis assigned by the PTP is lumbar strain. An MRI study of the lumbar spine has shown right paracentral disc herniation at L4-5 with direct contact and displacement of the right proximal S1 nerve root. The PTP (primary treating physician) is requesting 6 additional chiropractic sessions to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment #6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patient has received chiropractic care for this injury per the records provided. The progress reports provided from the treating physician do not 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 RTW achieved then 1-2 visits every 4-6 months with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care to the lumbar spine. Therefore, the 6 chiropractic sessions requested to the lower back are not medically necessary and appropriate.