

Case Number:	CM14-0096732		
Date Assigned:	07/28/2014	Date of Injury:	12/11/1998
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 75 year old male who injured his lower back on 12/11/1998. The patient's status post-surgery (laminectomy and discectomy), the chief complaints as reported by the primary treating physician (PTP) is lower back pain with symptoms reported as constant moderately severe and 8/10 on an analog scale of 1-10. The patient has been treated with medications, home exercise program, physical therapy, surgery, trigger point injections and chiropractic care. The diagnoses assigned by the PTP for the lumbar spine are not listed. There no MRI studies provided in the records. An EMG study has been reported as positive in the records provided. The PTP is requesting 3 sessions of chiropractic care to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three chiropractic visits for the lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

Decision rationale: This patient suffers from a chronic low back injury, status post laminectomy/discectomy. MTUS ODG Low Back Chapter for Recurrences/flare-ups states :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. 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 PTP describes some Improvements with treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. Additionally the date of the surgery is not provided. Per the several appeal letters provided in the records, the PTP states that 162 chiropractic sessions have been rendered in the past. The MTUS Post-Surgical Treatment Guidelines recommend 16 visits of physical medicine treatment over 8 weeks. Unfortunately, the limited records do not provide the date of surgery. It is not known how many of the 162 chiropractic visits have been rendered post-surgery. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. The 3 Chiropractic sessions requested to the lumbar spine are not medically necessary.