

Case Number:	CM14-0188693		
Date Assigned:	11/19/2014	Date of Injury:	09/16/2013
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 a licensed Doctor of 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 47 year old male who injured his lower back on 09/16/2013 while performing his duties as a firefighter. In his progress report the primary treating physician states "Low back pain and left sciatic pain persists has intermittent pain." The patient has been treated with medications, home exercise program, physical therapy and chiropractic care. The diagnoses assigned by the primary treating physician are lumbar disc disease and lumbar radicular symptoms/left hip pain." An MRI study of the lumbar spine per the PTP's progress report has revealed "disc disease at L3-4 level where there is left sided bulging at the level of neural foramen, and could represent a source of chemical irritation. At L5-S1 level mild facet arthropathy and disc dessication." The PTP is requesting 8 additional chiropractic sessions to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for flaring low back pain and left sciatic pain, Qty: 8: Upheld

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

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

Decision rationale: The patient has already received 8 sessions of chiropractic care per the records provided. For his current flare-up the PTP is asking for 8 additional sessions. The physical therapy notes provided in the records document surgery for the lower back as being scheduled however, there are no surgical reports or any references to surgery in the records provided. It is therefore not clear if the patient has received low back surgery in this case. The progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS for the already rendered 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." MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and MTUS ODG Chiropractic Guidelines Low Back Chapter recommends manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. 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 in the lumbar spine. In the absence of the chiropractic treatment notes and objective measurable gains the 8 chiropractic sessions requested to the lower back are not medically necessary and appropriate.