

Case Number:	CM14-0198526		
Date Assigned:	03/17/2015	Date of Injury:	11/19/1982
Decision Date:	04/17/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

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 injured worker is a 74-year-old male, who sustained an industrial injury on 11/19/82. The PR2 dated 10/24/14 noted that the injured worker has complaints of flare up of mid and lower spinal and pelvic pain with left greater than right left pain. The diagnoses have included acute and chronic, lumbar strain; acute and chronic, sacroiliac strain; L1-2, L3-4, L4-5 and L5-S1 disc protrusions; acute and chronic, lumbar degenerative disc disease per Magnetic Resonance Imaging (MRI) and acute and chronic, thoracic arthralgia. The PTP is requesting 3 retrospective chiropractic sessions with physiotherapy. Magnetic Resonance Imaging (MRI) on 9/24/10 was done.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 3 chiropractic and physiotherapy treatments (DOS: 9/9/14, 9/11/14 and 9/15/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for his low back injury. The injury occurred in 1982. The patient has ongoing care provisions in place. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The 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." The 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 and documents improvements with treatment with objective measurements. The range of motion, pain levels and activities of daily living have improved with chiropractic care. The patient has responded well to repeat chiropractic care per the records provided. The records provided by the primary treating chiropractor show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 3 retroactive chiropractic sessions with physiotherapy requested to the lumbar spine to be medically necessary and appropriate.