

Case Number:	CM14-0199570		
Date Assigned:	12/10/2014	Date of Injury:	02/01/2013
Decision Date:	01/23/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/01/2014

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 Board Certified in Chiropractor (DC) 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 injured worker is a 33 year old male who injured his lower back on 02/01/2013 while performing his duties as a welder. The mechanism of injury was slipping while carrying a heavy piece of metal. Per the primary treating physician's progress report, the subjective complaints are described as follows: The injured worker "complains of pain in his low back and both of his legs. The pain travels down the back of his legs to both feet." The injured worker has been treated with medications, aqua therapy, TENS, physical therapy, home exercise programs and chiropractic care. The diagnoses assigned by the primary treating physician are lumbar spine sprain/strain and L5-S1 disc herniation with moderate stenosis. An MRI of the lumbar spine has shown disc desiccation at L5-S1, retrolisthesis of L5 in relation to S1 and L3-4/L4-5 broad based posterior disc protrusion causing stenosis of the spinal canal. The primary treating physician is requesting 6 additional chiropractic care sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 times a week for 3 weeks for Lumbar Spine: 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, MTUS Definitions Page 1

Decision rationale: The injured worker has received over 18 sessions of chiropractic care 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; 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. The past chiropractic treatment records are not present in the records provided. 6 additional sessions are in excess of the 1-2 sessions recommended by The MTUS; therefore, the request is not medically necessary.