MAXIMUS Federal Services

Case Number:	CM14-0199662		
Date Assigned:	12/10/2014	Date of Injury:	09/19/2011
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
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 a licensed 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 patient is a 35 year old female who injured her right hand, right knee, right shoulder and lower back on 09/19/2011 while performing her usual and customary duties as a nurse's aide. The mechanism of injury consists of a patient falling on the injured worker. The treatment is being requested to the low back only. Per the PTP's progress report the subjective complaints for the low back are described as follows: "The patient complains of constant pain in the low back, with pain radiating to the right foot. She has numbness and tingling in the right leg. She has difficulty sleeping and awakens with pain and discomfort." The patient has been treated with medications, acupuncture, lumbar support brace, physical therapy, epidural injection, home exercise programs and chiropractic care. The diagnosis assigned by the PTP is lumbar spine discopathy. An MRI of the lumbar spine has a posterior annular tear at L5-S1, a 1.9 mm disc bulge at L5-S1 and a 2.7 mm disc bulge at L4-5. An EMG study of the lower extremities has been negative. The PTP is requesting 6 additional chiropractic/myofascial 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/myofascial 2x3 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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 Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions page 1

Decision rationale: The patient has received chiropractic care per the records provided. The progress reports provided from the treating physician do not show objective functional improvement as defined by the MTUS. 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 medicaltreatment." The MTUS, and the ODG Low Back Chapters recommends for "flare-ups/recurrences need to re-evaluate treatment success, if return to work (RTW) is 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 prior chiropractic treatment notes and/or progress reports are not present in the records provided.I find that the 6 chiropractic sessions requested to the lower back to not be medically necessary and appropriate.