

Case Number:	CM14-0208750		
Date Assigned:	12/22/2014	Date of Injury:	06/14/2007
Decision Date:	02/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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 licensed 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 patient is a 55 year old female who injured her lower back on 06/14/2007 while performing her usual and customary duties as an airline employee. The mechanism of injury is lifting heavy pieces of luggage. The PTP reports that the patient complains of "back pain. Severity level is moderate-severe. The problem is stable. It occurs persistently. Location of pain was lower back and gluteal area. The patient describes the area as ache, burning, ache, discomforting and numbness." The patient has been treated with medications, physical therapy, acupuncture, epidural injections and chiropractic care. The diagnoses assigned by the PTP are degenerative disc disease lumbar, low back pain and spinal stenosis of lumbar region. An MRI study of the lumbar spine has revealed lumbar spondylosis with DJD, facet arthropathy, sacroilitis and degenerative disc disease. The PTP is requesting an additional 12 sessions of chiropractic care to the lumbar spine. The carrier has modified the request and approved 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro therapy for the low back for twelve sessions: Upheld

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

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: In this case, the patient is a 55 year old female who has suffered an injury to her lower back with the date of injury 6/14/2007. The patient has received prior chiropractic care for this injury. The UR department for the carrier has modified the current request for 12 sessions of chiropractic care and allowed 6 sessions. The MTUS ODG Low Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW[return to work] 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." There is no evidence of objective functional improvement in the records provided with the past chiropractic care rendered. 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 Primary Treating Physician (PTP) describes some improvements with treatment but no objective measurements are listed and also stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. 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 additional 12 chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.