

Case Number:	CM14-0162195		
Date Assigned:	10/07/2014	Date of Injury:	12/04/2013
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 45 year old female who injured her hips and low back on 12/04/2013. Per the Primary Treating Physician's Report the patient complains of "persistent pain in the low back area radiating to the bilateral lower extremities." The patient has been treated with medications, acupuncture, physiotherapies, physical therapy, home exercises and chiropractic care. Diagnoses assigned by the PTP (primary treating provider) are lumbar spine pain and lumbar spine DDD (degenerative disc disease). MRI study of the lumbar spine has evidenced minimal degenerative changes at the L4-5 level with some evidence of right neuro-foraminal encroachment by the facet joint. There is no EMG/NCV study on record. The patient has been returned to work in a modified duty capacity. The PTP is requesting 10 additional chiropractic sessions to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Chiropractic sessions (lumbar) 1 x 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and 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

Decision rationale: In this case the patient has been treated with chiropractic care in the past with a positive outcome. Although the chiropractic treatment records in the materials submitted for review show evidence of objective functional improvement with the chiropractic treatment rendered, MTUS Guides must be followed for additional care to be warranted. The problem here is the number of visits being requested. 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." The request for 10 sessions far exceeds this MTUS recommendation of 1-2 visits. 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 objective measurements are listed and are present with past care but the number of sessions being requested far exceeds the MTUS recommendations. I find that the 10 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.