MAXIMUS Federal Services

Case Number:	CM14-0166182		
Date Assigned:	10/10/2014	Date of Injury:	07/21/2014
Decision Date:	11/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in New York. 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 applicant was diagnosed with lumbago, sprain thoracic region and disc displacement lumbar. Thus far the applicant received 7 chiropractic adjustments. MRI of the lumbar spine demonstrated early mid and lower lumbar annular disc bulging and facet arthrosis, 3 mm left intraforaminal L3/4 disc protrusion and annular tear without stenosis or nerve impingement. Upon review of PR2 report dated 9/22/14, the applicant presented with subjective complaints of low back pain rated a 7/10, left/right leg numbness 3-6/10, mid back pain 7/10 and neck pain 3/10 and left shoulder pain 7/10. Objective examination findings revealed positive straight leg raise at 40 degrees, Braggards, bilateral leg, Kemps and Ely's Testing. This is non-specific and vague. There was no indication as to the specific response by the applicant to each of the orthopedic testing performed. The applicant was diagnosed with lumbar IVD syndrome, bilateral sciatica and cervical, thoracic sprain/strain. The applicant was instructed to remain out of work until 10/30/14. In this point in time 12 additional chiropractic visits of chiropractic treatment was requested.In a utilization review report dated 9/29/14 the reviewer determined the proposed chiropractic care for the low back 12 sessions was non-certified. The reviewer indicated the 7 chiropractic visits were not capable of providing sufficient functional improvement to return to the applicant to a functional level which would have allow a safe return to work in some limited capacity. The applicants Oswestry score of self reported disability only decreased from 60-56% which is not clinically significant, pain levels and range of motion was minimally improved. The decision was also based upon the 2004 ACOEM Guidelines and Official disability guidelines 2014 low back pain chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the low back 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, Chapter 12, pg 299, "If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient re-evaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proven. The date of injury is over three months ago and the applicant has already completed seven chiropractic visits with continued subjective complaints and no demonstrative functional objective improvement based upon the documentation provided. Seven chiropractic treatment sessions were indicated as being received and previously indicated. Based upon review of the medical records and the clinical presentation, there was indication that conservative treatment has failed to alleviate the symptoms and she continued with physical limitations.I am also in agreement with the utilization reviewer with regards to the applicants Oswestry score of self reported disability, which was minimal and only decreased from 60-56% which has not demonstrated any significant functional improvement with regards to daily living or return to work to justify the same continued treatment. The requested treatment of additional chiropractic care 12 sessions to the lumbar spine is not medically necessary.