

Case Number:	CM14-0174536		
Date Assigned:	10/27/2014	Date of Injury:	09/26/2011
Decision Date:	12/03/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/21/2014

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 48 year old male who suffered cumulative trauma injuries to his lower back from 10/21/2003 to 09/26/2011 as a result of performing his duties as a police officer. Per the AME's report the subjective complaints are reported as follows: The patient has " constant lumbar spine pain. On a 1-10 scale, his pain is 7. His pain is increased with wearing his gear belt that weighs 25 pounds loaded, getting in and out of a vehicle, lifting and carrying. His pain increases with bending, pushing, pulling, kneeling, squatting and climbing. The pain is localized to the lumbar spine. He denies numbness and weakness of the bilateral lower extremities. He has no radiating pain." The patient has been treated with medications, Epidural injection, physical therapy, home exercise programs and chiropractic care (8 sessions). Diagnoses assigned by the PTP for the lumbar spine are lumbar radiculopathy and lumbar spinal stenosis and L5-S1 4 mm annular tear. An MRI of the lumbar spine has found "L4-5 mild disc desiccation and 3 mm central disc protrusion. At L5-S1 there is a 4 mm broad based disc protrusion." An EMG study of the lumbar spine (bilateral lower extremities) has been negative for lumbar radiculopathy, peroneal nerve entrapment or generalized peripheral neuropathy. The PTP is requesting 12 additional chiropractic 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 Care, Lumbar Spine 2 times a week for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

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 suffered from cumulative trauma low back injury that spans the past 11 years. He has received prior chiropractic care per the records provided. The MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW 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 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 past chiropractic care records are present in the materials provided for review. The PTP describes some Improvements with treatment but no objective measurements are listed. 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. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.