

Case Number:	CM14-0186200		
Date Assigned:	11/14/2014	Date of Injury:	01/10/2003
Decision Date:	12/31/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Board Certified in Occupational Medicine 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 44-year-old female who has submitted a claim for chronic low back pain with moderate L4 to L5 right foramina stenosis, and multi-level degenerative disk disease of the lumbar spine associated with an industrial injury date of January 10, 2003. Medical records from 2014 were reviewed. The patient was last seen on May 15, 2014. He complained of right-sided low back pain rated 4/10 in severity. Physical examination of the lumbar spine showed tenderness, mildly limited motion, intact motor strength, and normal gait. Treatment to date has included physical therapy and medications such as Norco and tramadol. The utilization review from October 31, 2014 denied the request for chiropractic therapy 2 times 6 to the low back because there was no documentation of new injury or aggravation since the date of injury to warrant chiropractic care; and denied follow-up visit in 8 weeks because the patient had chronic pain with extensive conservative care but without documented change in symptoms or increase in function over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 6, low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy Page(s): 58-59.

Decision rationale: As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, the patient complained of right-sided low back pain rated 4/10 in severity. Physical examination of the lumbar spine showed tenderness, mildly limited motion, intact motor strength, and normal gait. Symptoms persisted despite physical therapy and medications such as Norco and tramadol. A trial of chiropractic care may be warranted. However, the present request for 12 sessions exceeded guideline recommendation for trial visits. There is no discussion concerning need for variance from the guidelines. Therefore, the request for chiropractic therapy 2 times 6 to the low back is not medically necessary.

Follow up visit in eight weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient complained of right-sided low back pain rated 4/10 in severity. Physical examination of the lumbar spine showed tenderness, mildly limited motion, intact motor strength, and normal gait. The patient was last seen on May 15, 2014. He was recommended to undergo chiropractic care. Medications (Norco and tramadol) were likewise refilled. The medical necessity for a follow up visit has been established to determine the patient's response to both chiropractic care and medications. Therefore, the request for follow up visit in eight weeks is medically necessary.