

Case Number:	CM14-0026406		
Date Assigned:	03/05/2014	Date of Injury:	11/30/2007
Decision Date:	04/09/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/04/2014

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 Chiropractic Care 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 68-year-old female who injured her low back on November 30, 2007 while performing her duties as a nurse. The mechanism of injury involves a fall while the patient was attempting to sit down. The patient's symptoms include low back pain, radiating pain, numbness and tingling into the right groin, lateral thigh lateral calf and into foot. The patient has been treated with medications, physical therapy and chiropractic care. The patients' diagnoses include lumbar spine are lumbar radiculitis, lumbago and sacral and pelvic dysfunction. An x ray study of the lumbar spine showed multiple levels of rotational malalignments and anterolisthesis at L3/L4 5mm and 2mm at L2/L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CHIROPRACTIC EVALUATION AND MANAGEMENT FOR DOS: 12-20-13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & 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 Chapter, Manipulation Section and California Code of Regulations, Title 8, Section 9785, paragraph (c)

Decision rationale: The California Code of Regulations, Title 8, Section 9785 paragraph (c) states that the primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator, as required. A report needs to be presented to the carrier every 45 days. In order for the report to be generated, the patient needs to be evaluated. In order for the patient to be evaluated, an examination is needed. The ODG states that if a return to work (RTW) is achieved, then there is a need to re-evaluate treatment success. When there is evidence of significant functional limitations on exam, that are likely to respond to repeat chiropractic care, there should be 1-2 visits every 4-6 months. In this particular case, the Primary Treating Physician (PTP) is asking for the periodic re-examinations, that she provided, to be approved. The PTP had a phone conversation with the UR reviewer and it was made clear, per records provided, that the PTP was not requesting chiropractic care but stating that the care may be required later. Therefore, based on guideline criteria and medical records provided the retrospective chiropractic evaluation and management provided on December 20, 2013 was medically necessary and appropriate.

**RETROSPECTIVE CHIROPRACTIC EVALUATION AND MANAGEMENT FOR DOS
2/7/14:** Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & 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 Chapter, Manipulation Section and California Code of Regulations, Title 8, Section 9785, paragraph (c)

Decision rationale: The California Code of Regulations, Title 8, Section 9785 paragraph (c) states that the primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator, as required. A report needs to be presented to the carrier every 45 days. In order for the report to be generated, the patient needs to be evaluated. In order for the patient to be evaluated, an examination is needed. The ODG states that if a return to work (RTW) is achieved, then there is a need to re-evaluate treatment success. When there is evidence of significant functional limitations on exam, that are likely to respond to repeat chiropractic care, there should be 1-2 visits every 4-6 months. In this particular case, the Primary Treating Physician (PTP) is asking for the periodic re-examinations, that she provided, to be approved. The PTP had a phone conversation with the UR reviewer and it was made clear, per records provided, that the PTP was not requesting chiropractic care but stating that the care may be required later. Therefore, based on guideline criteria and medical records provided the retrospective chiropractic evaluation and management provided on February 7, 2014 was medically necessary and appropriate.