

Case Number:	CM14-0020644		
Date Assigned:	04/30/2014	Date of Injury:	05/19/2004
Decision Date:	03/03/2015	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female who suffered a work related injury on 05/19/2004. Mechanism of injury is not documented. Diagnoses include lumbar sprain and strain, and lumbosacral spondylosis without myelopathy. A progress note dated 12/10/2013 documents there is tenderness in the lower lumbar paravertebral musculature. Forward flexion is to 60 degrees and extension is 10 degrees. Lateral bending to 30 degrees. There is pain with extension. Diagnosis at this time is lumbar spondylosis with acute exacerbation. The request is for 12 chiropractic session to the lumbar spine. Utilization Review dated 02/05/2014 non-certified the request for chiropractic treatment for 12 visits to the lumbar spine, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Low Back. The MTUS low back guidelines do support chiropractic manipulation effective in the first few weeks of back pain to enhance mobilization. The office visit indicates that the claimant has chronic back pain and although "exacerbation" is noted, there does not appear to be an incident other that the weather change to attribute to this requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment for 12 visits, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, TX, Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 12/27/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter and Definitions (page 1).

Decision rationale: The patient has suffered a chronic injury to her lower back in 2004. The patient has received prior chiropractic care for her injury. The 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." 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 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. The chiropractic care records are not present in the records provided. The requested number of sessions far exceed The ODG recommended number of 1-2 sessions over 4-6 months. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.