

Case Number:	CM14-0212251		
Date Assigned:	01/02/2015	Date of Injury:	09/03/2010
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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:

The patient is a 56-year-old female who injured her lower back on 09/03/2010 while performing her usual and customary duties as a food manufacturing plant employee. The mechanism of injury is a slip and fall. The PTP reports that the patient complains of "lumbar spine pain rated as an 8/10 in severity on the subjective pain scale. The patient is continuing to experience radiation of pain with associated numbness and tingling in the bilateral feet." The patient has been treated with medications, physical therapy, acupuncture, epidural injections and chiropractic care. The diagnoses assigned by the PTP are lumbar spine sprain/strain, lumbar spine spondylolisthesis L5/S1, lumbar spine pars defect B/L L5 and lumbar spine radiculopathy. There are no records of diagnostic imaging studies available to review. The PTP is requesting an additional 12 sessions of chiropractic care with physiotherapy 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/physiotherapy for lumbar spine x 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chiropractic treatment

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 a chronic injury to her low back. Her claim has been settled with ongoing medical provisions. The PTP is requesting 12 additional sessions of chiropractic care to the low back. 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 records submitted for review lack objective functional improvement with the previously rendered 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 patient in this case has returned to work per the records provided. 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 requested 12 sessions are far in excess of the number recommended by The MTUS. I find that the 12 chiropractic sessions with physiotherapy requested to the lumbar spine to not be medically necessary and appropriate.