

Case Number:	CM14-0218422		
Date Assigned:	01/08/2015	Date of Injury:	01/31/2003
Decision Date:	03/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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 53 year old male who sustained a work related injury on 1/31/2003 when he tripped over braces on the gym floor. Per the Primary Treating Physician's Progress Report dated 11/19/2014 the injured worker reported chronic low back pain with occasional intermittent flare-ups and occasional pain that radiates down into his left foot. Chiropractic visits are said to have offered tremendous relief in the past, as well as medications. Objective physical examination revealed tenderness to palpation bilaterally about the lumbar paraspinal muscles. Active voluntary range of motion of the thoracolumbar spine was limited. The patient was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction. Heel toe walk was performed without difficulty; there was no evidence of limp or antalgic gait. Straight leg raise test was negative at 70 degrees in the sitting and lying position. The femoral stretch test was negative. Motor examination as felt to be normal in all major muscle groups of the lower extremities and sensory examination as normal to light touch. Diagnoses include lumbar disc displacement. The plan of care included medications and a request for additional chiropractic care. Prior treatment has included physical therapy and six (6) prior chiropractic visits. On 12/08/2014, Utilization Review non-certified a prescription for 8 sessions of Chiropractic based on lack of documented functional improvement with prior treatment. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter MTUS Definitions

Decision rationale: The patient has sustained a low back injury. The injury occurred in 2003. The patient has received prior chiropractic care for his injury. 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." 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. The chiropractic treatment records provided by the treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 8 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.