

Case Number:	CM15-0005426		
Date Assigned:	01/16/2015	Date of Injury:	09/18/2012
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/10/2015

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 44 year old male who injured his lower back on 9/18/2012 while performing his usual and customary duties a carpenter. The PTP reports that the patient "has a chief complaint of low back pain and left leg pain. He also complains of pain in his left hip. There are no acute changes to his pain condition." The patient has been treated with medications, physical therapy, epidural injection and chiropractic care (18 sessions). The diagnosis assigned by the PTP is lumbar disc displacement without myelopathy. An MRI study of the left hip has been normal. The PTP is requesting an additional 8 sessions of chiropractic care to the lower back. The UR review company has denied the 8 sessions due to lack of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatment Sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter/Manipulation Section Page(s): 58. Decision based on Non-MTUS Citation Low Back Chapter MTUS Definitions

Decision rationale: This patient has received 10 sessions of chiropractic care for his low back injury per the records provided. The ODG Low Back Chapter and The MTUS Chronic Medical Treatment Guidelines 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 physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 8 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.