

Case Number:	CM13-0014816		
Date Assigned:	01/03/2014	Date of Injury:	09/29/2010
Decision Date:	03/17/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Chiropractic, 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 physician 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 43 year old male who injured his lower back on 9/29/2010 while performing his duties as a police officer. Per specialty physician's consultative report dated 11/18/13 symptoms reported are ongoing "lower back pain along the pant line and bilateral upper buttocks and lateral hips. He also has radiation of pain in the bilateral buttocks, thighs, calves, and heels, right greater than left with associated tingling." Patient has been treated with medications, TENS and 2 ESI injections. A trial of 6 chiropractic sessions was approved by UR but appears that the patient never completed the visits. Diagnoses assigned by the PTP are Lumbago with radiculopathy into right lower extremity and lumbar disc degeneration. MRI of the lumbar spine performed on 10/11/13 provided the following finding: "Moderate degenerative change involving the L5/S1 disc with trace with trace retrolisthesis and increased right L5/S1 paracentral disc extrusion that contacts but does not deflect the traversing S1 nerve root. There is a mild left L4/L5 neural foraminal disc protrusion with mild neural foraminal stenosis without gross nerve root impingement." EMG/NCV study was also performed showing "mild abnormalities in the right lower extremity and suggests S1 nerve root irritation versus mild radiculopathy." The PTP is requesting 6 chiropractic sessions 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 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

Decision rationale: This is a chronic case where a request was made for an initial trial of 6 sessions of chiropractic care and was approved upon a peer to peer discussion on 5/21/13. It is unclear if these 6 sessions were completed or ever attended by the patient between 5/21/13 and 8/1/13. After reviewing the records available it appears that an additional 6 sessions of chiropractic care is being requested per PTP's report dated 8/1/13 as alluded to by UR decision letter provided in the records. However the report of 8/1/13 from the PTP does not exist in the records provided. Chiropractic care records and notes do not exist. 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." There are no records that provide any evidence of functional improvement if the 6 sessions approved on 5/21/13 were completed. MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The same section also states that manipulation is "recommended as an option." Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks. ODG Low Back chapter, Manipulation Section states: "Recurrences/flare-ups-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." Given that chiropractic records do not exist and objective functional improvement has not been demonstrated, I find that the 6 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.