

Case Number:	CM14-0157053		
Date Assigned:	09/30/2014	Date of Injury:	11/19/2011
Decision Date:	11/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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. The expert reviewer is Board Certified 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 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/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 injured worker is a 44 year old female who injured her low back on 11/19/2011 while working as a customer service representative. The mechanisms of injury are described as a slip and fall incident. Per the specialty Physician's report the injured worker complains of "moderate constant burning achy back pain worsening with activity." The injured worker has been treated with medications, an epidural injection, physiotherapies, home exercises and chiropractic care. The diagnosis assigned by the treating physician is lumbar sprain. MRI study of the lumbar spine has evidenced mild facet hypertrophy at L4-5 and L5-S1 without significant spinal stenosis or foraminal narrowing. There is no EMG/NCV study on record. The treating physician is requesting 6 additional chiropractic sessions to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits (1xwk X6wks Low Back): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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. MTUS Definitions Page 1

Decision rationale: The chiropractic treatment records in the materials submitted for review do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. The objective findings of each PR2 report from the treating physician are identical and show no changes or objective improvement per MTUS definitions. In fact, the treating physician documents in a progress report that pain levels have increased since the start of chiropractic care. 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 treating physician describes some Improvements with treatment but no objective measurements are listed. The request for 6 Chiropractic Visits (1xwk X6wks Low Back) is not medically necessary.