

Case Number:	CM14-0117906		
Date Assigned:	04/21/2015	Date of Injury:	08/09/2013
Decision Date:	05/19/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/25/2014

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. 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 injured worker is a 51-year-old male, who sustained an industrial injury on 8/9/13. He reported right shoulder injury. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and unspecified disorders of bursae and tendons in shoulder region. Treatment to date has included right shoulder surgery with loose body removal, activity restrictions, oral medications, lumbar facet cortisone injection and physical therapy. Currently, the injured worker complains of continued low back pain. Physical exam noted decreased range of motion of back. The treatment plan included a request for authorization of 6 additional chiropractic treatments 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 treatment for lumbar spine #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for his injuries per the UR notes provided in the records. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The 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 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 past chiropractic treatments but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic treatment records are not present in the review materials provided. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.