

Case Number:	CM14-0028224		
Date Assigned:	06/13/2014	Date of Injury:	03/15/2010
Decision Date:	04/21/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 42 year old male injured worker suffered an industrial injury on 3/15/2010. The diagnoses were carpal tunnel syndrome, myoligamentous cervical spine sprain/stain, left shoulder arthroscopy, right shoulder impingement syndrome, myoligamentous lumbar sprain/stain and bilateral hip bursitis. The treatments were medications, physical therapy, and chiropractic therapy. The treating provider reported constant neck pain 7/10. The injured worker reported weakness, depression, anxiety and insomnia. The low back pain 8/10 radiated to the right leg with numbness, tingling and weakness. The requested treatments were 12 additional chiropractic treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Chiropractic Treatments for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: Per the record provided, the patient has received prior chiropractic care for his injuries. 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 only records available for review is the QME report. The PTP's reports and the treating chiropractor's records are not present in the materials provided for review. Therefore, the effectiveness of the prior treatments cannot be studied. The records provided by the QME do not show objective functional improvements with ongoing chiropractic treatments rendered. If the records were available for review, the 12 additional sessions requested far exceed the MTUS recommended number and therefore, the additional visits would not be medically necessary. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.