

Case Number:	CM15-0000350		
Date Assigned:	01/09/2015	Date of Injury:	08/23/2007
Decision Date:	03/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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: Physical Medicine & Rehabilitation

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 66 year old female who sustained an industrial injury on 8/23/2007. She has reported a trip and fall with lower back pain. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included 14 sessions of acupuncture, 11 sessions of chiropractic therapy, physical therapy, 3 previous transforaminal epidural steroid injections and medication management. The injured worker reported a previous back surgery, but was unsure what was done and when. Currently, the IW complains of neck and back pain. The treatment plan included 6 visits of Chiropractic Physiotherapy for the lumbar spine. On 12/4/2014, Utilization Review non-certified 6 visits of Chiropractic Physiotherapy for the lumbar spine, noting the lack of prior chiropractic therapy notes and outcome and any functional improvement achieved. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of Chiropractic Physiotherapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with ongoing pain in neck and back, rated at 5-7/10, as per progress report dated 10/23/14. The request is for **CHIROPRACTIC PHYSIOTHERAPY OF THE LUMBAR SPINE**. The patient is status post semi-hemilaminectomy at bilateral L5 and S1 with microdissection of cauda equina and nerve roots on 08/25/09. She ambulates with a cane. The pain and numbness radiates down to right hand and both legs. MRI of the lumbar spine, dated 08/15/13, as per progress report dated 10/23/14, reveals annular bulge and right neural foramina narrowing at L5-S1 along with minor annular bulging at L3-4. Medications include Pamelor, Capsaicin cream, Prilosec and Voltaren. The patient has not worked since 2007, as per progress report dated 10/23/14. MTUS guidelines, pages 58-59, allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the patient has received 11 sessions of chiropractic physiotherapy in the past --- date of treatment not mentioned ---. As per progress report dated 10/23/14, previous chiro therapy has provided her with significant benefit in regards to a decrease in pain. In the same report, the treater states that the patient was authorized for additional chiropractic physiotherapy but she did not have transportation to reach the facility. Hence, the treater is requesting for 8 sessions of therapy at a nearby location. The Request for Authorization form, however, states that the request is for one session per week for six weeks. While MTUS allows for up to 18 sessions, it requires clear documentation of functional improvement which is not evident in the available progress reports. Hence, the request IS NOT medically necessary.