

Case Number:	CM15-0005436		
Date Assigned:	01/16/2015	Date of Injury:	01/26/2014
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/10/2015

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: 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 patient is a 36 year old female who injured her lower back on 1/26/2014 while performing her usual and customary duties a carpenter. The mechanism of injury is slip and fall. The PTP reports that the patient has a chief complaint of low back pain and coccyx pain. The patient has been treated with medications, physical therapy, acupuncture, physiotherapy modalities, osteopathic manipulation and chiropractic care. The diagnoses assigned by the PTP are chronic low back pain, coccyx pain and lumbar radiculopathy. There are no diagnostic imaging studies in the records provided. The PTP is requesting an additional 8 sessions of chiropractic care to the lower back to include conservative chiropractic, adjunctive physiotherapy, myofascial, ROM exercises, electrical stimulation and soft tissue mobilization. The UR department has modified the request and authorized 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conservative Chiropractic, Adjunctive Physiotherapy, Myofascial, Range of Motion Exercises, Electrical Stimulation, Soft Tissue Mobilization X 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back/manipulations Page(s): 58. Decision based on Non-MTUS Citation Low Back Chapter MTUS Definitions

Decision rationale: The patient has received 10 sessions of chiropractic manipulation and 6 sessions of osteopathic manipulation for her low back injury, per the records provided. The Carrier's UR department has already authorized 6 of the 8 requested additional sessions. The MTUS Chronic Pain Medical Treatment Guidelines and 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." 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 treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 8 chiropractic sessions requested to the lumbar spine to include conservative chiropractic, adjunctive physiotherapy, myofascial, ROM exercises, electrical stimulation and soft tissue mobilization to not be medically necessary and appropriate.