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| Case Number: | CM15-0008255 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 11/24/2010 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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 injured worker is a 56 year old male who sustained an industrial injury on 11/24/2010. The current diagnoses include disc injury with mechanical back pain and radiculitis and lumbar disc injury with associated mechanical back pain. Treatments to date include medication management and prior chiropractic treatment. Report dated 12/05/2014 noted that the injured worker presented with complaints that included increased lower back pain, pain level rated as 8 out of 10, and right lower extremity pain that goes down into his ankle. Physical examination was positive for abnormal findings. The documentation submitted did not indicate the previous number of chiropractic visits completed to date. The utilization review performed on 12/24/2014 non-certified a prescription for Chiropractic manipulation therapy, 5 visits for the lumbar spine based on the clinical information submitted, medical necessity was not supported. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation therapy (5 visits for the lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Low Back Chapter MTUS Definitions

Decision rationale: This patient has received chiropractic care in the past, however the total number of chiropractic care sessions are not provided in the records. 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 MTUS Chronic Pain Medical Treatment Guidelines recommend additional care with evidence of objective functional improvement. The progress reports provided by the treating chiropractor document before and after treatment functional gains and improvements. The PTP lists objective measurements. Improvements in pain level and range of motion are documented. The patient has responded well to repeat chiropractic treatment as indicated by The ODG Low Back Chapter. I find that the 5 chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.