

Case Number:	CM15-0009015		
Date Assigned:	01/27/2015	Date of Injury:	08/20/2007
Decision Date:	04/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/15/2015

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 50-year-old female injured worker suffered an industrial injury on 08/20/2007 while performing her duties as a firefighter. The patient is currently retired and status post lumbar laminectomy (2008). The diagnoses were post laminectomy syndrome and opioid dependence. The diagnostics were x-rays, magnetic resonance imaging, computerized tomography, electromyography, and discography. The treatments were chiropractic therapy, surgery, epidural steroid injections, physical therapy, acupuncture, Tens unit, and medications. The Utilization Review Determination on 12/24/2014 non-certified chiropractic therapy, citing MTUS Chronic Pain Treatment Guidelines, ACOEM, low back disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy x 10 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Chapter Page(s): 58, Postsurgical Treatment Guidelines Page(s): Physical

Medicine Treatment Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter | Manipulation Section.

Decision rationale: The patient in this case suffered an injury to her low back while participating in firefighting exercise. The patient is status post-laminectomy (2008). Per the records provided, she has met her post-surgical treatment period of 6 month and 16 sessions of physicals medicine treatment. She has completed over 16 sessions of physical therapy, acupuncture and chiropractic care per the records provided. The MTUS Chronic Pain Medical Treatment Guides supports additional chiropractic care with evidence of objective functional improvement and The ODG Low Back Chapters 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 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 chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The requested number of visits far exceeds the recommended number. I find that the 10 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.