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| Case Number: | CM15-0104550 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 02/25/2012 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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:

This 31-year-old female sustained an industrial injury to the low back on 2/25/12. Magnetic resonance imaging lumbar spine (9/30/14) showed an annular tear at L5-S1 with disc protrusion producing mild mass effect on the ventral sac. Previous treatment included transcutaneous electrical nerve stimulator unit, epidural steroid injections, chiropractic care and medications. IN a PR-2 dated 3/12/15, the injured worker complained of ongoing pain to the lumbar spine, rated 7/10 on the visual analog scale with radiation to the upper spasm associated with spasms, stiffness and intermittent left leg numbness. Physical exam was remarkable for lumbar spine with tenderness to palpation, muscle spasms and decreased and guarded range of motion. Current diagnoses included lumbar spine sprain/strain, lumbar spine degenerative disc disease and lumbar disc pathology. The treatment plan included medications (Neurontin, Omeprazole and Lidocaine patch) and additional chiropractic therapy twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 3Wks, Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date since 2012 are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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." There have been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.