

Case Number:	CM15-0105204		
Date Assigned:	06/09/2015	Date of Injury:	01/15/2013
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
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: Chiropractor, Oriental Medicine

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 52 year old female, who sustained an industrial injury on 01/15/2013. She has reported injury to the upper and lower back. The diagnoses have included lumbago; lumbar spine radiculopathy; lumbar spine disc protrusion, L5-S1; and lumbar spine degenerative disc disease. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, and home exercise program. Medications have included Celebrex and Omeprazole. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the upper back that radiates down the right arm; the pain is constant and increases with movements; range of motion maneuvers are reduced; pain to the low back that radiates to the coccyx/ tailbone and down the right leg; the pain is constant and movements are painful and limited; she has completed 6 out of 6 sessions of chiropractic therapy to the lumbar spine; and she has found the treatment helpful in decreasing the pain. Objective findings included tenderness to palpation in the right L5-S1, in the right sciatic notch, in the lateral right thigh, lateral right calf, and lateral right foot; flexion, extension, and lateral flexion are limited. The provider noted that additional chiropractic treatment will help continue to decrease the pain, improve her flexibility and endurance, and help her better tolerate activities of daily living. The treatment plan has included the request for additional chiropractic treatment two times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment 2xWk x 3Wks: 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination dated 5/13/15 denied additional Chiropractic treatment, 2x3 or 6 additional visits citing CAMTUS Chronic treatment Guidelines. The patient was reported to have completed 6 Chiropractic visits prior to this request along with physical therapy for management of a lumbar spine disc disorder. The reviewed medical records did not support the medical necessity for additional Chiropractic care, 6 sessions and did not meet the criteria for consideration of additional treatment per CAMTUS Chronic Treatment Guidelines. No evidence of functional improvement arising from the initial 6 sessions was provided. "Functional improvement" means either 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.