

Case Number:	CM15-0136034		
Date Assigned:	07/24/2015	Date of Injury:	02/05/2010
Decision Date:	08/25/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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 28 year old male, who sustained an industrial injury on February 5, 2010. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, chiropractic care, physical therapy, CT, x-ray and MRI. Currently, the injured worker complains of low back and right calf muscle pain. The back pain is described as sharp and rated at 3-6 on 10 (5-6 on 10 with repetitive use). The pain is exacerbated by repetitive bending and lifting. The injured worker is diagnosed with lumbosacral sprain, cervicgia, lumbalgia, neuralgia, neuritis and radiculitis. His current work status was not included in the documentation. A note dated May 30, 2015 states the injured worker experiences pain relief from chiropractic care and physical therapy. It also states the injured worker experiences partial pain relief from medication. Due to the efficacy experienced from previous chiropractic care, a request for additional chiropractic treatments to lumbar and thoracic spine (4 treatments) consisting of out-patient established office visit, chiropractic manipulation, manual therapy and traction is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatments to lumbar and thoracic four (4) treatments consisting of outpatient established office visit, chiropractic manipulation, manual therapy, traction:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Lumbar/Manipulation.

Decision rationale: The patient has received chiropractic care for his thoracic and lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review 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 ODG Neck & Upper Back Chapter recommends additional chiropractic care up to 18 sessions over 6-8 weeks. 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 objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the thoracic and lumbar spine to be medically necessary and appropriate.