

Case Number:	CM15-0149463		
Date Assigned:	08/12/2015	Date of Injury:	05/09/2013
Decision Date:	09/29/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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 43 year old female, who sustained an industrial injury on 5-9-2013. She reported low back pain. Diagnoses have included chronic pain syndrome, lumbosacral or thoracic neuritis or radiculitis unspecified and patellofemoral syndrome. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 7-1-2015, the injured worker was seen for follow up on low back pain. Cognitive behavioral therapy was going well. Current medications included Naproxen and Acetadryl. Objective findings revealed tenderness to palpation. It was noted that magnetic resonance imaging (MRI) of the lumbar spine from 2-18-2015 showed mild disc protrusion at L5-S1. Authorization was requested for 12 additional chiropractic sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic x 12 for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and 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) Low Back/ Manipulation.

Decision rationale: It is reported in the records that the patient has received 12 sessions of chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are not present in the records provided. 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. The 12 requested sessions far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine not medically necessary.