

Case Number:	CM15-0161590		
Date Assigned:	08/27/2015	Date of Injury:	09/16/2013
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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 09-16-2013. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar intervertebral disc displacement, cervical and thoracic sprain and strain, sciatic neuralgia and cervical dysfunction. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, home exercise program, chiropractic therapy (6 sessions) and medications. According to the primary treating physician's progress report on July 15, 2015, the injured worker continues to experience an overall improvement rate of 20-30% of cervical and lumbar symptoms over the past month relevant to motor strength and range of motion. The injured worker rated her neck pain with movement as 0-5 out of 10 on the pain scale and her back as 2-5 out of 10. Cervical and lumbar compression and cervical and lumbar stretch testing was positive bilaterally. The injured worker continues to work with imposed limitations and restrictions. Current medications were not listed. Treatment plan consists of continuing with additional chiropractic therapy to include manual manipulation, myofascial release, rehab exercise protocol and physical therapy modalities times 6 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:

Six (6) chiropractic visits to include: manual manipulation, myofascial release, re-hab exercise protocol, and physical therapy modalities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; Physical Medicine Guidelines.

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: The patient has received 6 sessions of chiropractic care for her 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 are 6. 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 for up to 18 visits. 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 has 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 lumbar spine with adjunct modalities, myofascial release and rehab exercise protocols to not be medically necessary and appropriate.