

Case Number:	CM15-0166022		
Date Assigned:	09/03/2015	Date of Injury:	05/08/2003
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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, Montana

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 70 year old female, who sustained an industrial injury on May 08, 2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post-traumatic headaches, right wrist fracture, lumbar strain with facet joint symptoms, lumbar four to five discopathy with disc herniations without radiculopathy, right sided sciatica, chronic spinal mechanical back pain with degenerative disc disease , right hand tendonitis, early development of mild bilateral knee chondromalacia, multilevel lumbar discopathy with chronic back pain, and cervical discopathy. Treatment and diagnostic studies to date has included chiropractic therapy and medication regimen. In a progress note dated June 26, 2015 the treating physician reports complaints of stabbing pain to the low back, stabbing pain to the bilateral knees, and pain to the right hand with intermittent numbness and tingling. Examination reveals tenderness to the sacroiliac joint, pain to the lower lumbar midline ad paraspinal muscles, mild spasm with range of motion to the lumbar spine, decreased range of motion to the lumbar spine, pain with sciatic stretch signs, and pain to the sacroiliac and back with range of motion of the hip. The injured worker's pain level to the low back was rated a 5 to 6 out of 10, the pain level to the bilateral knees were rated a 5 out of 10, and the pain level to the right hand was rated a 3 to 4 out of 10. The treating physician noted that the injured worker has had two sessions of chiropractic therapy and noted that the injured worker had benefited from the treatment, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to chiropractic therapy and after chiropractic therapy to indicate the effects with the use of chiropractic therapy. Also, the

documentation provided did not indicate if the injured worker experienced any functional improvement with use of chiropractic therapy. The treating physician requested additional chiropractic therapy that included massage at eight sessions two times a week for four weeks to the lumbar spine, noting that the injured worker had a positive benefit from prior therapy as noted above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy to include massage eight sessions two times weekly for four weeks to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X4 chiropractic sessions for lumbar spine which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.