

Case Number:	CM15-0167232		
Date Assigned:	09/04/2015	Date of Injury:	06/12/2014
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This is a 33-year-old male with a June 12, 2014 date of injury. A progress note dated June 23, 2015 documents subjective complaints (intermittent pain in the low back that radiates to the left lower extremity with numbness and tingling; pain rated at a level of 7 out of 10), objective findings (pain and tenderness across the iliac crest into the lumbosacral spine; radicular pain component in the lower extremities, left greater than right; positive seated nerve root test; guarded and restricted range of motion of the lumbar spine; tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as the foot, consistent with an L5-S1 dermatomal pattern), and current diagnoses (lumbar discopathy). Treatments to date have included chiropractic, medications, and epidural steroid injection. The treating physician documented a plan of care that included eight additional sessions of chiropractic treatments with massage for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic treatments with massage to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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 chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. It is unclear if a chiropractor or the PTP who is a doctor of osteopathy provided the manipulative treatment. 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 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. I find that the 8 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.