

Case Number:	CM15-0180274		
Date Assigned:	09/22/2015	Date of Injury:	10/06/2014
Decision Date:	11/10/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This injured worker is a 38 year old female who reported an industrial injury on 10-6-2014. Her diagnoses, and or impressions, were noted to include: lumbar strain and radiculopathy; bilateral lumbosacral radiculitis; mild lumbosacral facet arthropathy; low back pain due to mild lumbosacral degenerative disc disease and myofascial pain of the lumbar para-spinal musculature; and left piriformis syndrome, gluteus medius and piriformis strain bilateral hyper-laxity. No current imaging studies were noted; it was stated that magnetic resonance imaging studies of the lumbar spine were done on 11-12-2015 that was essentially unremarkable, and electrodiagnostic studies were done on 12-23-2015, which showed prolonged latency in the H reflex. Her treatments were noted to include: 12 physical therapy sessions; 6 chiropractic treatments; 8 acupuncture treatments; 6 work hardening sessions; palpation-guided upper trapezius trigger point injections (5-8-15); medication management; and a return to modified work duties (3-6-15). The progress report of 8-4-2015 reported a return with complaints which included: near constant low back and bilateral buttock pain with ongoing numbness and tingling down both her legs-feet, made worse by bending and carrying activities; and worsening numbness-tingling with sitting and flexion activities. The objective findings were noted to include: pain in her left buttock with Freiberg's test; reproduced numbness-tingling in her left toes with Beatty's test; and exquisite tenderness, rated 8 out of 10, over her gluteus medius and piriformis muscles, left > right, with palpable guarding in these areas and in her left lumbar para-spinals. The physician's requests for treatment was noted to include a return to chiropractor for deep tissue work and myofascial and active release technique, particularly targeting the gluteus

medius and piriformis muscles for reduction in numbness and tingling in her feet. The Request for Authorization, dated 8-11-2015, was noted to include 6 sessions of chiropractic care for the lumbar spine and piriformis syndrome, for myofascial and active release technique, 2 sessions per week for 3 weeks. The Utilization Review of 8-18-2015 non-certified the request for chiropractic therapy, 2 x a week for 3 weeks, for the lumbar spine and to treat piriformis syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times per week for 3 weeks for lumbar spine and to treat piriformis syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. 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 not present in the materials provided. 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 primary treating physician's progress notes reviewed. The 6 additional sessions requested far exceed The MTUS recommended number. I find that the 6 additional chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.