

Case Number:	CM15-0180852		
Date Assigned:	09/22/2015	Date of Injury:	01/13/2004
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
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 is a 53 year old female with a date of injury of January 13, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain. Medical records dated July 14, 2015 indicate that the injured worker complains of lower back pain that radiates to the right leg and foot with intermittent numbness and tingling. Records also indicate the pain is rated at a level of 8 to 10 out of 10 without medications and 3 to 5 out of 10 with medications. A progress note dated August 10, 2015 notes subjective complaints similar to those documented on July 14, 2015. The physical exam dated July 14, 2015 reveals tenderness to palpation or spasm at L2 to the sacrum pain with lumbar flexion beyond 25-30%, and right hamstring tightness with straight leg raising. The progress note dated August 10, 2015 documented a physical examination that showed no change from the examination on July 14, 2015. Treatment has included medications, chiropractic care, two surgeries, Percocet and Lidoderm patches, since at least March of 2015; Soma since at least March of 2015 that was discontinued in July of 2015; Omeprazole and Ibuprofen as of August of 2015) and two lumbar spine surgeries. The original utilization review (August 21, 2015) non-certified a request for six additional sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, QTY: 6.00: 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 chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The records include only a Medical-Legal supplemental report provided by the treating chiropractor in which he states that despite two previous low back surgeries the patient continues to experience increased pains. 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 PTP's progress notes reviewed. The 6 requested sessions far exceed The MTUS recommended number. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.