

Case Number:	CM15-0188997		
Date Assigned:	10/01/2015	Date of Injury:	03/31/2015
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 3-31-15. He reported low back pain. The injured worker was diagnosed as having lumbar strain or sprain with degenerative changes. Treatment to date has included at least 18 chiropractic treatments, a home exercise program, and medication including Naproxen Sodium and Tramadol. Physical examination findings on 8-31-15 included mild diffuse back tenderness and discomfort in both flexion and extension. Straight leg raising was negative bilaterally and sensation was intact to touch and pinprick in all dermatomes of the bilateral lower extremities. The most recent chiropractic therapy report was dated 6-11-15. On 8-21-15, the injured worker complained of back pain. The treating physician requested authorization for additional chiropractic therapy 2x4 for the lumbar spine. On 8-31-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy 2 times a week for 4 week for the lumbar spine: 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 his 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 is 18. 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 has been no objective functional improvement with the care in the past per the treating chiropractor's progress notes reviewed. The PTP's notes documents objective findings for the hips not lumbar spine. The treating chiropractor does not document objective findings with the past care rendered. The 8 additional sessions requested far exceed The MTUS recommendations. I find that the 8 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.