

Case Number:	CM15-0189804		
Date Assigned:	10/01/2015	Date of Injury:	03/23/2015
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
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 34-year-old female who sustained an industrial injury on 3-23-2015. Diagnoses have included acute lumbar strain, lumbar radiculitis, disc desiccation, and degenerative disc disease. Diagnostic studies include electromyography and nerve conduction velocity study 7-30-2015 stating "Normal nerve conduction study" but "abnormal electromyography" with left active L5 denervation. Documented treatment includes medication including Tramadol and Motrin, and the progress note of 5-27-2015 references that she has attended 2 sessions out of 12 approved chiropractic and physical therapy sessions, "with no benefit." The physical therapy sessions are documented as being completed in the 8-4-2015 note providing "temporary relief," but there are no indications relating to completion or response to the chiropractic treatments, which were approved. That note states, "she is currently not in chiropractic or physical therapy." The injured worker continues to present with "constant pain" on 8-4-2015 rated as 7 out of 10. She reported it radiating down the left side into the buttock, and she is experiencing weakness and stiffness. Positive straight leg raise noted at 50 degrees radiating to the left thigh over the calf, and "loss of range of motion." The physician describes her pain as persistent and radiating into the left sciatic notch and a request was submitted for additional chiropractic treatment twice a week for six weeks. This was denied on 8-26-2015. The injured worker remains on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x6 for the lumbar: 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 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 chiropractor's progress notes reviewed. The 12 additional sessions requested far exceed The MTUS recommendations. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.