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| Case Number: | CM15-0190838 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 08/12/2014 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 49 year old male who sustained an industrial injury on 8-12-2014. A review of medical records indicates the injured worker is being treated for cervical strain, lumbar strain, L5-S1 spondylolisthesis, and cervical spondylosis with focal kyphosis. Medical records dated 9-14-2015 noted acute neck pain, low back pain, and right leg and thigh pain. Physical examination noted diffuse tenderness at spinous processes, paraspinal muscles, PSIS-SIJ, greater trochanter, and piriformis. Straight leg raise was positive on the right. Lumbar MRI dated 9-3- 2014 revealed L2-3, L3-4, L5-S1 degenerative disc disease L5-S1 grade I spondylolisthesis. No HNP, Minimal stenosis. Cervical MRI dated 9-3-2014 revealed multilevel degenerative disc disease, no HNP, no cord compression. Treatment has included acupuncture, physical therapy, medications, and chiropractic care (number of sessions unknown). Utilization review form dated 9-21-2015 noncertified additional chiropractic x 12 lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic x 12 lumbar and cervical 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) Neck & Upper back, Low Back/Manipulation.

Decision rationale: The patient has received 20 sessions of chiropractic care for his cervical and lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. 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 ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over 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 requested sessions far exceed the MTUS recommendations. I find that the 12 additional chiropractic sessions requested to the cervical and lumbar spine is not medically necessary or appropriate.