

Case Number:	CM15-0190980		
Date Assigned:	10/05/2015	Date of Injury:	05/10/2004
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
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: Physical Medicine & Rehabilitation

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 69 year old female who sustained an industrial injury on 05-10-2004. Medical records indicated the worker was treated for her cervical spine and low back. In the provider notes of 08-26-2015, a review of MRI of the lumbar spine (07-29-2014) showed multilevel degenerative disc disease and significant collapse at the level of L4-5. A cervical MRI on that same date showed degenerative disc disease at C2-7 and stenosis C4-7. According to progress notes (08-26-2015, 08-12-2015), the worker had attended 6 chiropractic sessions for her low back pain and continued decompression therapy for both her neck and low back pain. Previously the worker stated she had decreased efficacy of Ibuprofen, and had previously failed Tramadol. She reports (08-12-2015) that when she was not using pain medications her pain level was 8 on a scale of 0-10 with burning, sharp, and shooting sensations. She reports her pain level ranges from 0-8 on a scale of 0-10 depending on her activity. She walks 2-3 blocks and performs household chores regularly. On exam of the lower extremities (08-26-2015) , plantar flexors and dorsiflexors are 5 out of 5 strength and sensation is intact to light touch bilaterally. The worker states (08-26-2015) she has had about 12 sessions of traction decompression treatments and her pain has reduced by about 40%. She states she can go on with her life a lot easier. The treatment plan is for continuation of chiropractic care and traction decompression. The worker is retired. A request for authorization was submitted 09-08-2015 for Traction decompression treatment sessions QTY. 12 a utilization review decision 09-15-2015 gave modified approval for Traction decompression treatment sessions QTY. 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 traction decompression treatment sessions: 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 rationale: Review indicates the patient is s/p 12 chiropractic traction decompression sessions with current request for an additional, 12 modified for 6 sessions. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many total sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic 2004 injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The 12 traction decompression treatment sessions is not medically necessary and appropriate.