

Case Number:	CM15-0195125		
Date Assigned:	10/08/2015	Date of Injury:	08/21/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old female, who sustained an industrial injury on 08-21-2014. She has reported subsequent low back, left knee, left hip and left ankle pain and was diagnosed with lumbar sprain, ankle sprain-strain and contusion of lower leg. Treatment to date has included pain medication, physical therapy and chiropractic therapy. Documentation shows that 9 visits of chiropractic therapy for the lumbar spine and left hip were provided from 07-16-08-18-2015 and 19 visits of chiropractic therapy were provided from 08-18-2015-09-22-2015. In a progress note dated 07-31-2015, the injured worker reported stabbing left leg pain that was rated as 6 out of 10. Objective findings showed tenderness of the left at the anserinus bursa and proximal tibia with swelling. In a progress note dated 08-20-2015, the injured worker reported low back and left hip pain. Objective findings were notable for decreased lumbar pain and increased range of motion, positive straight leg raise, positive Lasegue's test, decreased left hip pain and decreased tenderness of the left hip. In a progress note dated 09-02-2015, the injured worker reported 7 out of 10 low back pain, 8 out of 10 left knee pain and 6 out of 10 left ankle pain. Objective examination findings revealed tenderness to palpation of the lumbar spine with decreased range of motion and tenderness to palpation of the left knee and left ankle with decreased range of motion. Work status was documented as temporarily totally disabled. The effectiveness of chiropractic therapy and relieving pain or improving function was not documented in the office note but chiropractic visit notes documented improving pain and increasing function. The treatment plan included continued chiropractic therapy. A request for authorization of additional chiropractic 2 times a week for 6 weeks to the lumbar spine was

submitted. As per the 09-22-2015 utilization review, the request for additional chiropractic 2 times a week for 6 weeks to the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks to 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 28 chiropractic care sessions for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. 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 1-2 sessions recommended by The ODG and The MTUS. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.