

Case Number:	CM15-0200401		
Date Assigned:	11/10/2015	Date of Injury:	05/03/2015
Decision Date:	12/22/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/13/2015

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 60 year old female who sustained an industrial injury on May 03, 2015. The worker is being treated for: low back pain, subarachnoid hemorrhage without mention of open intercranial wound, and neck pain. Subjective: July 17, 2015 she reported bilateral neck pain and discomfort, bilateral upper back pain and discomfort, and headaches. September 15, 2015 she reported pain in her head, neck, thoracic and lumbar spine. Objective: July 17, 2015 noted the lumbar cervical back exhibiting decreased ROM. September 15, 2015 noted the cervical spine ROM flexion of 45 degrees, and bilateral rotation at 60 degrees. The lumbar spine noted tenderness to palpation over the bilateral lumbar facets, bilateral paravertebral spasms, bilateral thoracolumbar spasm, bilateral SI joint tenderness and her gait is antalgic. Diagnostic: July 15, 2015 MRI lumbar spine, sacrum and coccyx, UDS September 2015. Medication: June 2015, July 17, 2015: Motrin, Salopas. September 2015: Ibuprofen. Treatment: initial evaluation prescribed PT evaluation and treatment with noted recommendation for skilled PT in conjunction with HEP with 6 sessions ordered; June 2015 POC noted requesting additional PT sessions times 6. July 2015 noted PT completed 14 of 16 sessions, and 8 requested chiropractic sessions, medication, activity modification, September 2015 POC noted ice and heat application, and administration of bilateral SI joint injection, again noted this visit having completed about 10 sessions of PT; 12 sessions CBT. On October 02, 2015 a request was made for 8 additional chiropractic session to the lumbar spine that were non-certified by Utilization Review on October 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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 present in the materials provided and were reviewed. 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 8 additional sessions requested far exceed The MTUS recommended number. I find that the 8 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.