

Case Number:	CM15-0201057		
Date Assigned:	10/20/2015	Date of Injury:	01/19/2015
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
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 61 year old female with an industrial injury dated CT 2004 through 1-19-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar pain, left foot plantar fasciitis, and cervical pain. According to the progress note dated 08-28-2015, the injured worker presented for an evaluation of her chronic neck pain, low back pain and left foot pain. The injured worker reported no change to condition and requested referral for chiropractic treatment to the affected body parts. Magnetic Resonance Imaging (MRI) of the cervical spine dated 07-07-2015 revealed "left central 3mm focal disc protrusion with severe cord impression deformity and central canal stenosis, mild right foraminal stenosis from uncovertebral hypertrophy, left central 2.5mm focal disc protrusion with moderate ventral cord impression deformity and central canal stenosis." Magnetic Resonance Imaging (MRI) of the lumbar spine on 07-07-2015 revealed "L2-L5 mild disc bulges and posterior element hypertrophy resulting in mild bilateral foraminal stenosis with borderline encroachment on exiting corresponding foraminal nerve root sleeves." Magnetic Resonance Imaging (MRI) of the left foot performed on 07-07-2015 revealed "mild tissue edema changes at the second and third toes." Objective findings (08-28-2015) revealed antalgic gait, guarding, spasm and painful decreased range of motion in the cervical and lumbar spine, and Dysesthesia noted at C5-C7, L5 and S1 bilaterally. There was pain with toe-walk, heel-walk and squatting. The left foot exam revealed well healed incision without evidence of infection or dehiscence. There was pain on plantar flexion and dorsiflexion of the left foot. In a more recent progress report dated 9-04-2015, the injured worker reported that she continues to have pain and that she continues to have

difficulty with activities of daily living secondary to lumbar pain, left foot pain and neck pain. Physical exam revealed tenderness and spasm in the lumbar spine and cervical spine. Left foot exam revealed tenderness over the left medial plantar aspect of the calcaneus, incision over the dorsal aspect of first MTP bilaterally and tenderness over the MTP bilaterally. Treatment has included chiropractic care, X-rays, MRI of the cervical spine, lumbar spine, and left foot, electrodiagnostic testing on 06-26-2015, prescribed medications, physical therapy for left foot and periodic follow up visits. The utilization review dated 09-23-2015, non-certified the request for additional chiropractic treatment 3 times a week for 4 weeks to the lumbar spine, cervical spine and left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 4 weeks to the lumbar spine, cervical spine and left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - Manipulation: ODG Chiropractic Guidelines.

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, Foot & Ankle.

Decision rationale: The patient has received chiropractic care for her industrial injuries in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the medical 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 MTUS and ODG Ankle and Foot Chapter do not recommend manipulation for the foot. The ODG recommends up to 18 sessions of chiropractic care over 6-8 weeks. 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 has been no objective functional improvements with the care in the past per the PTP's progress reports. The 12 additional sessions requested far exceed The MTUS recommended number for flare-ups. I find that the 12 additional chiropractic sessions requested to the cervical spine, lumbar spine and left foot to not be medically necessary and appropriate.