MAXIMUS Federal Services

Case Number:	CM15-0203344		
Date Assigned:	10/20/2015	Date of Injury:	07/24/2014
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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 45 year old female, who sustained an industrial injury on 7-24-14. The documentation on 9-17-15 noted that the injured worker has complaints of back pain radiating from low back down left leg and lower backache. The injured worker rates her pain with medications as 4 on a scale of 1 to 10 and 9 on a scale of 1 to 10 without medications. Lumbar spine range of motion is restricted with flexion limited to 65 degrees limited by pain and extension limited to 10 degrees. The patient has received 6 sessions of chiropractic care for the lumbar spine. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on both the sides. Lumbar facet loading is positive on both sides. Straight leg raising test is negative. The diagnoses have included low back pain and spasm of muscle. Lumbar spine magnetic resonance imaging (MRI) revealed mild degenerative changes. The documentation noted on 4-9-15 that chiropractic treatment was minimally effective. Current medications were listed as lidoderm patch; zorvolex; flexeril; ambien; naproxen; effexor; ondansetron; protonix; tylophen; nortriptyline and pepcid. The documentation noted that the injured worker is to start a pain group in October 2015. The original utilization review (9-29-15) non-certified the request for additional chiropractic therapy 3 times a week for 4 weeks (lower back).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy 3 times a week for 4 weeks (lower back): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Lumbar and Thoracic Chapter (Online Version) Manipulation Official Disability Guidelines 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) 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 not present in the materials provided. The total number of chiropractic sessions provided to date are reported to be 6. 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 has been no objective functional improvements with the care in the past per the PTP's progress notes reviewed. The 12 additional sessions requested far exceed the 1-2 sessions recommended by The MTUS. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.