

Case Number:	CM15-0205645		
Date Assigned:	10/22/2015	Date of Injury:	02/02/2015
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/20/2015

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 36 year old female who sustained an industrial injury on 2-2-15. A review of the medical records indicates she is undergoing treatment for lumbar degenerative disc disease, pain in the upper and lower extremities, lumbosacral or thoracic neuritis or radiculitis, lumbar radiculopathy, and myofascial pain. Medical records (4-20-15, 7-28-15, and 8-11-15) indicate ongoing complaints of low back pain that radiates to her right lower extremity with associated numbness and tingling. She has also complained of difficulty sleeping and depressive symptoms. The physical exam (8-11-15) reveals tenderness to palpation in the lumbar paraspinal muscles. Decreased sensation is noted in L5-S1 right side dermatomes. Diagnostic studies have included an MRI of the lumbar spine and an EMG-NCV study of bilateral lower extremities. Treatment has included at least 6 sessions of chiropractic therapy (2-20-15), oral and topical medications, physical therapy, a home exercise program, use of a lumbar brace, a TENS unit, acupuncture, and modified work activities. The treating provider indicates that she "failed chiropractic therapy" in the past, which made her pain worse (4-20-15). The 8-11-15 progress record indicates that she is "currently attending chiropractic therapy". The utilization review (9-18-15) includes a request for authorization of chiropractic treatment 2x6 sessions to the lumbar spine. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 has been no objective functional improvements with the care in the past per the PTP's (MD) notes reviewed. The 12 requested sessions far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.