

Case Number:	CM15-0206581		
Date Assigned:	10/23/2015	Date of Injury:	07/31/2014
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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:

This is a 47 year old male with a date of injury of July 31, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain and strain, cephalgia, cervical spine sprain and strain, left forearm sprain and strain, and insomnia. Medical records (May 29, 2015; July 10, 2015; September 11, 2015) indicate that the injured worker complained of lower back pain with numbness and tingling to the knees and ankles, tailbone pain, and neck pain. Records also indicate that the lower back pain was rated at a level of 8 to 9 out of 10, and neck pain was rated at a level of 8 to 9 out of 10 on September 11, 2015. Per the treating physician (September 11, 2015), the employee was temporarily totally disabled. The physical exam (May 29, 2015; July 10, 2015; September 11, 2015) reveals decreased range of motion of the lumbar spine, positive straight leg raise bilaterally, tightness and spasm in the lumbar paraspinal musculature bilaterally, hypoesthesia along the anterior lateral aspect of the foot and ankle in the L5-S1 dermatome level bilaterally, weakness with big toe dorsiflexion and plantar flexion bilaterally, decreased range of motion of the cervical spine, positive compression test, positive Spurling's test, and tightness and spasm in the trapezius, sternocleidomastoid and straps muscle bilaterally. Treatment has included at least twelve sessions of acupuncture, chiropractic care, lumbar epidural steroid injection which provided 50% pain relief, and medications (Flector patches). The utilization review (October 1, 2015) non-certified a request for twelve additional sessions of chiropractic treatments for the cervical spine, lumbar spine, and left elbow and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy/Chiropractic Treatment 2 x 6 week (Cervical/Lumbar Spine, Left Elbow/Forearm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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, Wrist Forearm and Hand, Elbow/Manipulation.

Decision rationale: The patient has received chiropractic care for his industrial injuries 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 does not recommend manipulation for the forearm and elbow. The ODG Neck & Upper Back Chapter recommends up to 18 additional sessions of chiropractic care for the cervical spine 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 requested sessions far exceeds The ODG and MTUS recommendations. I find that the 12 additional chiropractic physiotherapy sessions requested to the cervical spine, lumbar spine and left elbow/forearm to not be medically necessary and appropriate.