

Case Number:	CM15-0207085		
Date Assigned:	10/23/2015	Date of Injury:	02/10/2015
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
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:

The injured worker is a 34 year old male, who sustained an industrial injury on 2-10-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and lumbar sprain-strain. On 9-23-2015, the injured worker reported left low back pain rated 6 out of 10 on average with chiropractic treatments noted to help. The Primary Treating Physician's report dated 9-23-2015, noted a lumbar spine MRI from 5-14-2015 showed a 9mm left paramedian disc protrusion contributing to moderate to severe central canal stenosis, displacement of the traversing left L5 nerve root and cauda equine, and mild to moderate bilateral neural foraminal stenosis. The injured worker was noted to not be taking any pain medications as he ran out. The physical examination was noted to show lumbar spine decreased range of motion (ROM) and tenderness with an abnormal straight leg raise on the left. Prior treatments have included physical therapy, Ibuprofen, Tramadol, and Pamelor. The treatment plan was noted to include chiropractic treatments for low back pain flare up, and medications of Tramadol and Pamelor. The injured worker's work status was noted to be instructed to return to modified work. The 9-10-2015 chiropractic note noted the injured worker reported therapy was "helping me a lot" with feeling better overall. The request for authorization dated 9-24-2015, requested additional chiropractic treatments lumbar 2x4 for low back pain flare up. The Utilization Review (UR) dated 9-28-2015, non-certified the request for additional chiropractic treatments lumbar 2x4 for low back pain flare up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiro Lumbar 2x4 for low back pain flare up: 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 his 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 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 treating chiropractor's progress notes reviewed. The MTUS recommends 1-2 additional sessions. The PTP is asking for 8 which exceeds The MTUS recommendations. I find that the 8 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.