

Case Number:	CM15-0209523		
Date Assigned:	10/30/2015	Date of Injury:	03/03/2008
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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 67 year old female who sustained a work-related injury on 3-3-08. Medical record documentation on 3-20-15 revealed the injured worker was being treated for lumbosacral neuritis-radiculitis and degeneration of the lumbar-lumbosacral intervertebral discs. She reported that she was doing worse than her previous visits and rated her low back pain a 10 on a 10-point scale. Her pain was relieved with massage therapy, chiropractic therapy, stretches, TENS unit and traction. Objective findings included a positive leg-Lowering test which elicited pain in her low back. She had a positive Ely's sign bilaterally and Kemp's Test. She had positive Nachlas Test and straight leg raise bilaterally with positive results at 30 degrees. Her muscle strength was +5 in all muscle groups tested. Her lumbar spine range of motion included flexion at 30 degrees, extension at 10 degrees, left lateral flexion at 15 degrees and right lateral flexion at 10 degrees. She had biomechanical joint dysfunction over L5 and right S1 vertebral segments and severe hypertonicity over the low back, left quadratus lumborum, right quadratus lumborum, bilateral buttocks, and bilateral piriformis muscles. A request for thirteen chiropractic visits for the lumbar spine between 3-20-15 and 6-26-15 was received on 10-9-15. On 10-15-15, the Utilization Review physician determined thirteen chiropractic visits for the lumbar spine between 3-20-15 and 6-26-15 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS between 3/20/15 & 6/26/15): Chiropractic Visits Lumbar Spine QTY 13:
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 her 3/3/08 dated 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 since 2008 are unknown and not specified in the records provided for review however, the patient has completed 19 sessions in 2014/2015. 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 improvement with the care in the past per the treating chiropractor's progress notes reviewed. The 13 retroactive requested sessions far exceed the 1-2 additional sessions recommended by The MTUS. I find that the 13 additional retroactive chiropractic sessions requested to the lumbar spine to is not medically necessary and appropriate.