

Case Number:	CM15-0209895		
Date Assigned:	10/28/2015	Date of Injury:	12/12/1995
Decision Date:	12/14/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/26/2015

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 54 year old man sustained an industrial injury on 12-12-1995. Diagnoses include lumbago with right side sciatica, lumbosacral intervertebral disc degeneration, and lumbosacral radiculopathy with post-laminectomy syndrome. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 10-8-2015 show complaints of sudden onset moderate to severe low back pain two weeks ago and has increased since, now with right lower extremity pain and tingling of the left foot. The worker describes the pain as shooting, numbness, tingling, stiff, and achy and rated 9 out of 10. The physical examination shows "decreased" range of motion of the lumbar spine, forward flexed positioning with a lean to the left, bilateral mild foot drop, bilateral straight leg raise is positive. There is no sensation to the outer left side of the lower extremity. Recommendations include ice, lumbar traction, spinal manipulation, and lumbar MRI. The PTP is requesting 6 additional sessions of chiropractic care for the lumbar spine and one re-examination. Utilization Review denied requests for chiropractic therapy and re-exam on 10-17-2015. The UR department has modified the request and approved 4 sessions of chiropractic care and one examination. It has denied the re-examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Chiropractic Therapy, Spinal Manipulation 3-4 Regions, Therapeutic Exercise (15 Min), Manual Traction (12 Min) For The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009.

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 30 sessions of chiropractic care for his lumbar spine injury since 2014, per the records provided. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date since 1995 are unknown and not specified in the records provided for review. The treatment records submitted for review 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 objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed but the number of sessions requested far exceed The MTUS recommendation. The UR department has reviewed the request and already approved 4 additional sessions and one examination. The 6 requested sessions far exceed The MTUS recommendations of 1-2 sessions. I find that the 6 additional chiropractic sessions requested to the lumbar spine are not medically necessary and appropriate.

Re-Exam: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): Office visits (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: On the issue of re-examination, it must be noted that the UR modification and approval for 4 sessions of additional chiropractic care to the lumbar spine also approves one examination not requested by the provider. The examination and re-examination is an important part of documenting patient progress and determination of the achievement 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." The MTUS recommends evaluation and management to document patient improvements or lack thereof. I find that the one re-examination requested to the lumbar spine is medically necessary and appropriate.