

Case Number:	CM15-0020375		
Date Assigned:	02/10/2015	Date of Injury:	03/30/2001
Decision Date:	03/27/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: Chiropractor, Oriental Medicine

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 52 year old female with an industrial injury dated 03/30/2001. Her diagnoses include post lumbar laminectomy syndrome and lumbar radiculopathy. The most recent diagnostic testing included a MRI of the lumbar spine (05/20/2013) showing multilevel disc desiccation and disc bulging. She has been treated with conservative care, medications, lumbar discectomy/decompression (07/08/2014), multiple lumbar injections (11), and chiropractic therapy. In a progress note dated 12/30/2014, the treating physician reports back pain radiating from the low back to the bilateral lower extremities with a pain rating of 8/10 with no increase in activity levels, despite ongoing chiropractic treatment. The objective examination revealed slight tenderness to touch of the lumbar spine, restricted range of motion in the lumbar spine, tenderness to palpation of the lumbar paraspinal musculature, and positive facet loading test bilaterally. The treating physician is requesting 6 sessions of chiropractic manipulation which was denied by the utilization review. On 01/25/2015, Utilization Review (UR) non-certified a request for 6 sessions of chiropractic manipulation, noting that with flare-ups there needs to be a re-evaluation of the treatment success and if there was a return to work , then 1-2 visits every 4-6 months are supported. The UR determined that the injured worker has not returned to work and had previously completed 22 sessions of chiropractic manipulation to date with no specific examples of pain reduction or functional improvement; therefore the service was denied. The MTUS Guidelines were cited. On 02/03/2015, the injured worker submitted an application for IMR for review of 6 sessions of chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Chiropractic Manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.