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| Case Number: | CM15-0023219 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 01/27/1995 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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 65 year old male who sustained a work related injury January 27, 1995. Over the course of care, he has had multiple conservative treatments for low back and lower extremity pain including; physical therapy, chiropractic treatment, acupuncture and medications. According to a primary treating physician's progress report, dated January 20, 2015, the injured worker presented with complaints of low back pain while driving, walking, sitting, standing, and lying down at least two times a day. The pain is worse now than two or three years ago. Objective findings included gait, strength, and sensation are normal. The rest of the handwritten notes are not legible to this reviewer. Diagnosis was documented as lumbar sacral radiculitis with disc displacement. Treatment plan included continue home exercises, medication, and chiropractic therapy 2 x 4. According to utilization review dated January 29, 2015, the request for 8 Chiropractic Sessions is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care; 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions

Decision rationale: The patient has received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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 PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The treating chiropractor's records are not present for review. I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.