

Case Number:	CM15-0210303		
Date Assigned:	10/29/2015	Date of Injury:	03/22/2011
Decision Date:	12/09/2015	UR Denial Date:	10/21/2015
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:

The injured worker is a 52 year old female who sustained an industrial injury on March 22, 2011. The worker is being treated for: strain of muscle fascia and tendon of lower back, sprain of ligaments of lumbar spine, displacement of lumbar and cervical intervertebral disc without myelopathy; cervicgia, osteoarthritis localized primarily involving lower leg, and depressive disorder. Subjective: September 23, 2015 she reported having missed pain management sessions an now without medication and note of increased headaches, neck and lower back pain causing sleep loss. August 26, 2015, September 29, 2015 she reported continued pain in the neck, lower back and throughout the right side of her body with radiation to bilateral legs and the right arm. The pain is associated with numbness, tingling, and weakness to legs and right arm as well as muscle pain. October 02, 2015 reported having increased lower back pain and leg pain while performing ADL's and house work. Objective: September 23, 2015 noted trapezius spasms, decreased cervical spine range of motion and a positive Kemp's sign. September 29, 2015 noted cervical spine ROM forward flexion and extension to 45 degrees, and rotation is 80 degrees bilaterally. The lumbar spine ROM forward flexion was 90 degrees and extension 10 degrees; rotation and side bending are limited. There is tenderness to palpation over bilateral lumbar paraspinal muscles consistent with spasms. There is also a positive lumbar facet loading maneuver bilaterally. October 02, 2015 noted sensory loss, weakness in legs, and loss of motion. Medications: September 29, 2015: Anaprox, Omeprazole, Cyclobenzaprine, Bupropion, Methoderm, and Docuprene. Treatment: orthopedic consultation, pain and stress management, psychological care. On October 14, 2015 a request was made for chiropractic physiotherapy 10

additional sessions for the lumbar, cervical spine and legs that was non-certified by Utilization Review on October 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy for the lumbar, cervical and legs, 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

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) Neck & Upper Back, Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical and 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 is 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 ODG Neck & Upper Back Chapter recommends up to 18 sessions of chiropractic care 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 have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 10 sessions requested far exceed The MTUS and ODG recommended number for flare-ups. I find that the 10 additional chiropractic sessions requested to the cervical spine, lumbar spine and legs to not be medically necessary and appropriate.