

Case Number:	CM15-0212486		
Date Assigned:	11/02/2015	Date of Injury:	10/14/1997
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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 injured worker is a 44 year old female who reported an industrial injury on 10-14-1997. Her diagnoses, and or impressions, were noted to include: lumbosacral; lumbago; lumbar 4-5 herniated nucleus pulposus, with left sciatica; thoracic sprain-strain; and spondylolisthesis. No imaging studies were noted. Her treatments were noted to include: heat-cold therapy with daily home exercise program; medication management; and modified work duties before being place on rest from work on 9-24-2015. The progress notes of 9-16-2015 reported a return visit for evaluation and treatment of: lower back flare-up following the moving of materials during the first 14 days of school, which ad gradually increased over the previous weekend to worsening pain, rated 8-9 out of 10 and remaining unchanged, in the thoracic-lumbar spine that awakened her from sleep; the onset of constant left lower extremity pain to the knee, rated 4-5 out of 10, with intermittent burning & throbbing; tingling in the left calf muscle and foot, with occasional 2-3 out of 10 pain; pain, rated 3 out of 10, in the left hip-femoral); increased lumbar spine pain with coughing; cervical spine tension without headaches; that the pain was aggravated by position changes, movements and activities, and relieved by chiropractic adjustments (24 sessions), massage, physical therapy and medications; and a slight limp. The objective findings were noted to include: a right antalgic and forward gait with altered posture and left tilt; tenderness to the cervical, thoracic and lumbar spine, and bilateral hips; decreased pinwheel test to the left cervical 7-8, right cervical 6, and lumbar3-sacral 1; positive max compression, bilateral foramina compression, bilateral shoulder depression, and Soto hall tests; decreased cervical and lumbar range-of-motion; and positive bilateral Kemp's, Soto Hall, Faber's, and

bilateral straight leg raise. The physician's requests for treatment were noted to include chiropractic manipulation to the cervical dorsal spine region, lumbosacral spinal region and sacroiliac spinal region at a frequency and duration of 3-4 visits per month for the next month, followed by a re-examination within 30-45 days. The Request for Authorization, dated 10-5-2015, was noted for 6 additional chiropractic treatments. The Utilization Review of 10-20-2015 non-certified the request for 6 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic treatments: 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 24 sessions of chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. 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 however, the 6 requested sessions far exceed the 1-2 sessions recommended by The MTUS. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.