

Case Number:	CM15-0212497		
Date Assigned:	11/02/2015	Date of Injury:	10/14/1997
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
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 is a 44 year old female who sustained a work-related injury on 10-14-97. Medical record documentation on 9-16-15 revealed the injured worker was being treated for lumbosacral sprain-strain, thoracic sprain-strain and spondylolisthesis. She reported a worsening of a flare up of low back pain with extension of pain into the thoracic-lumbar spine. Norco helped to relieve some pain. She rated her pain as follows: thoraco-lumbar spine pain 8-9 on a 10-point scale, thoracic spine pain 6-7 on a 10-point scale, radiation of pain into the left lower extremity a 4-5 on a 10-point scale, left calf muscle, foot and lateral foot pain a 2-3 on a 10-point scale and left hip pain a 3 on a 10-point scale. Her pain was relieved with chiropractic adjustment, massage, physical therapy, and medications. She reported that activities of daily living are affected by her pain. Objective findings included tenderness to palpation of the injured worker's thoracic spine, lumbar spine, bilateral hips and cervical spine. Her cervical spine had a maximum compression of ++, foraminal compression of ++ bilaterally, left shoulder compression of +++ and right shoulder compression of ++. Her cervical spine range of motion included flexion to 30 degrees, extension to 30 degrees, bilateral lateral flexion to 20 degrees, left rotation to 40 degrees and right rotation to 45 degrees. Her lumbar spine range of motion included flexion to 30 degrees, extension to 5 degrees, bilateral lateral flexion to 5 degrees, and bilateral rotation to 10 degrees. She reported that her symptoms decreased by 20-30% after each treatment. Her Oswestry score was 64% on 5-29-15, 50% on 7-10-15, 72% on 8-3-15, and 76% on 9-16-15. A request for four additional chiropractic therapy sessions with evaluation and management, physical therapy, manual therapy and electrical muscle stimulation was received on 10-14-15. On 10-19-15 the

Utilization Review physician determined four chiropractic therapy sessions with evaluation and management, physical therapy, manual therapy and electrical muscle stimulation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 chiropractic sessions with EM, PT, manual therapy & EMS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability 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) Low Back/Manipulation.

Decision rationale: The patient has received 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 total number of chiropractic sessions provided to date 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 recommend 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." Detailed notes show that pain levels have decreased and range of motion increased with the rendered chiropractic care. There has been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 4 additional chiropractic sessions requested to the lumbar spine to include evaluation and management, physiotherapy, manual therapy and EMS to be medically necessary and appropriate.