

Case Number:	CM15-0212549		
Date Assigned:	11/02/2015	Date of Injury:	04/07/2012
Decision Date:	12/15/2015	UR Denial Date:	10/23/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 4-07-2012. The injured worker is being treated for lumbosacral spondylosis and sciatica. Treatment to date has included surgical intervention (right hip total joint replacement in 2013, perforated ulcer in 2012 and incisional hernia in 2013), home exercise, chiropractic treatment, and medications. It is not clear from the medical records provided how many sessions of chiropractic care she has received to date. Per the Primary Treating Physician's Progress Report dated 9-21-2015, the injured worker presented for a follow-up visit. She reported that chiropractic treatments have been helpful to reduce her pain from 7 out of 10 down to 5 out of 10. She is having 1-2 session per week and does feel that she is making some progress. She can perform her exercises better with less pain and perform activities around the house with less pain, such as vacuuming, mopping and making the bed. Current medications include Capsaicin and Tramadol, which she uses intermittently for flare-ups. Objective findings of the lumbar spine included spasm and guarding. Work status was retired. The plan of care included, and authorization was requested on 10-09-2015 for 6 additional sessions (1x6) of chiropractic treatment for the lumbosacral spine. On 10-23-2015, Utilization Review non-certified the request for 6 sessions (1x6) chiropractic treatment for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, once weekly, low back, per 9/21/15, qty 6.00: Overturned

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 rationale: The claimant sustained a work injury in April 2011. In May 2015, she was having neck and low back pain, abdominal pain, and left lower extremity pain with numbness and tingling. A functional restoration program was recommended and she was evaluated for this in June 2015. Prior treatments referenced include medications, massage, acupuncture, and chiropractic care. Participation in the program was recommended. In July 2015, she was having constant low back pain, which was increasing. She had left-sided sciatic symptoms and was having intermittent groin pain. She had deferred participation in the functional restoration program. A trial of six sessions of chiropractic care was recommended. In August 2015, she had received approval for the chiropractic treatments and was beginning these. When seen in September 2015 the chiropractic treatments had helped to decrease her pain from 7/10 to 5/10. She was receiving 1-2 sessions per week. She reported being able to exercise better with less pain and perform activities of daily living. Physical examination findings included lumbar spine spasms with guarding. There was decreased right hip range of motion with tenderness. Season and tramadol were prescribed. Authorization for six sessions of chiropractic treatment one time per week for six weeks was requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant completed a six-visit trial with reported decreased pain and improved activity tolerance. The number of additional treatment sessions requested is within the guideline recommendation. A functional restoration program has been recommended and a positive response to the chiropractic treatments being provided would indicate that this type of program is not needed. There is an appropriate fading of treatment frequency. The request is medically necessary.