

Case Number:	CM15-0213423		
Date Assigned:	11/03/2015	Date of Injury:	05/28/2014
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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 30-year-old female who sustained an industrial injury on 5-28-2014 and has been treated for lumbar disc syndrome, multi-level; right leg radicular neuralgia; chronic pain syndrome; and, cervical sprain. Diagnostic studies include a lumbar electromyography and nerve conduction study dated 5-12-2015 showing "normal study." On 8-10-2015 the injured worker had reported pain ranging from 4-8 on a 0-10 VAS, mostly in the low back with pain radiating into the legs with numbness and weakness. She also had pain radiating to the upper extremities with numbness and weakness. Pain was stated to be aggravated with just a few minutes of standing or sitting, bending, or twisting, and interfered with activities of daily living including personal hygiene, dressing, housework, food preparation and child care. She also has difficulties with driving. Objective findings included reduced lumbar range of motion with forward flexion at 45 degrees, right and left rotation 20 degrees, and extension at 10 degrees. She had "moderate to severe" tenderness over the lumbar paravertebral and gluteal muscles, and localized muscle tenderness at L4 on the right. Straight leg raising was noted as positive bilaterally to 80 degrees. Documented treatment includes an epidural steroid injection 2-9-2015; at least 12 chiropractic treatments stated to reduce her need for medication; and, medication including Anaprox, hydrocodone-acetaminophen, Dendracin topical, Morphine, Lorazepam, and Omeprazole. The treating physician's plan of care includes a request submitted for 12 additional chiropractic sessions, but this was non-certified on 10-5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x12 sessions for the lumbar spine: 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 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. 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 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 no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 12 additional sessions requested far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.