

Case Number:	CM15-0223822		
Date Assigned:	11/20/2015	Date of Injury:	08/31/2005
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/13/2015

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 53 year old male, who sustained an industrial injury on 8-31-2005. A review of the medical records indicates that the injured worker is undergoing treatment for five years status post L2-L3 XLIF and an acute flare of lumbar pain and gluteal bursa pain. The Primary Treating Physician's report dated 10-14-2015 noted the injured worker with a recent flare in lumbar pain and previously had responded well to chiropractic treatments. The injured worker's current medications were noted to include Norco and Valium. The physical examination was noted to show pain and tenderness in the right PSIS region and paraspinal muscles with a normal neurological exam in the lower extremities. Prior treatments have included lumbar surgery and chiropractic treatments. The treatment plan was noted to include a request for authorization for chiropractic treatments given the injured worker's previous good response with chiropractic treatments, and a refill of Lidoderm patches. The request for authorization dated 10-14-2015, requested chiropractic treatments, 6 visits. The Utilization Review (UR) dated 11-6-2015, non-certified the request for additional chiropractic treatments to the lumbar spine, 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 6 visits: 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 his 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 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 have been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed however, The MTUS recommends 2 additional sessions per flare-up over 4-6 months. In this case the 6 additional sessions requested exceed the recommendations of The MTUS. I find that the 6 additional chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.