

Case Number:	CM15-0032157		
Date Assigned:	02/25/2015	Date of Injury:	03/05/1983
Decision Date:	04/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/20/2015

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 72 year old male, who sustained an industrial injury on March 5, 1983. He has reported low back pain. The diagnoses have included lumbago, spinal stenosis of the lumbar region, displacement of intravertebral disc without myelopathy, sprain and strain of the sacroiliac region, thoracic or lumbosacral neuritis or radiculitis and post-laminectomy syndrome of the lumbar region. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, pain medications and lifestyle modifications. Currently, the IW complains of constant low back pain. The injured worker reported an industrial injury in 1983, resulting in chronic back pain. He was treated conservatively and surgically without resolution of the pain. On January 20, 2015, evaluation revealed continued pain in the low back as well as the right knee. It was noted he was using chiropractic care. He reported sleep problems related to pain. Evaluation on February 3, 2015, revealed continued back pain. On February 13, 2015, Utilization Review non-certified a request for 6 Chiropractic Therapy, 6 Visits for The Lumbar Spine as Outpatient, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested 6 Chiropractic Therapy, 6 Visits for The Lumbar Spine as Outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Therapy, 6 Visits for the Lumbar Spine as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions page 1.

Decision rationale: The patient has received prior chiropractic care for his low back injury per the treating chiropractor's records reviewed. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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." The PTP describes some Improvements with treatment but no objective measurements are listed. The range of motion is documented on one report but as the treatments are rendered, subsequent reports do not contain objective measurements. Pain levels have been documented to have increased with ongoing care. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.