

Case Number:	CM15-0032498		
Date Assigned:	02/26/2015	Date of Injury:	12/23/2013
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
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 40 year old female, who sustained an industrial injury on 12/23/2013. On progress report dated 01/12/2015 the injured worker has reported low back pain. On examination she was noted to have a decreased range of motion of the lumbar spine. The diagnoses have included lumbar disc herniation at L4-L5 and L5-S1 with neural foraminal narrowing and lumbar radiculopathy. Treatment to date has included previous session of chiropractic therapy, acupuncture, physical therapy, medication and MRI of lumbar spine. Treatment plan included 8 additional chiropractic visits for the low back. On 02/11/2015 Utilization Review non-certified Chiropractic x 8 visits lumbar. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8 visits, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and 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 18 prior chiropractic care sessions for her injuries. 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 to be unchanged with treatment. Pain levels are not documented. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The treating chiropractor's progress notes are not present in the records provided. I find that the 8 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.