

Case Number:	CM15-0032519		
Date Assigned:	02/26/2015	Date of Injury:	10/01/1997
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
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 66 year old male who sustained an industrial injury on 10/01/1997. Current diagnoses include lumbar spondylosis without myelopathy and degenerative disc disease. Previous treatments included medication management, physical therapy, home exercise program, and prior chiropractic treatments. Report dated 12/15/2013 noted that the injured worker presented with complaints that included lumbar spine pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/23/2015 non-certified a prescription for chiropractic therapy as needed once a month for one year, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment as needed once a month for one year: Upheld

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

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 prior chiropractic care for his low back injury dating back to 1997. 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 MTUS does not recommend chiropractic treatment on a monthly maintenance care basis. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic treatment records are not present in the materials provided for review. I find that the 12 additional chiropractic sessions requested to the lumbar spine, once per month for 12 months to not be medically necessary and appropriate.