

Case Number:	CM15-0040090		
Date Assigned:	03/11/2015	Date of Injury:	04/17/2009
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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 51-year-old male, who sustained an industrial injury on April 17, 2009. He reported injury while pulling a 200-pound bathtub. The injured worker was diagnosed as status post lumbar spine fusion L3-S1 and axial radiculopathy. Treatment to date has included diagnostic studies, surgery, chiropractic treatment, physical therapy, acupuncture, injections and medications. Currently, the injured worker complained of pain in his lower back with radiation to the legs. He reported that the pain is not tolerable without pain medication. The pain was rated as a 5 on a 1-10 pain scale with medication. Physical examination revealed paravertebral muscle tenderness in the low lumbar region and decreased sensation to light touch of his bilateral lower extremities. Straight leg test was positive. The treatment plan included medication, follow-up visit and a request for psychological clearance for a spinal cord stimulator. The PTP is requesting 12 additional sessions of chiropractic care to the neck, low back and right groin region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, three times a week for four weeks of the lumbar/cervical/right groin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care per the records provided. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low back Chapters 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 is silent on manipulative care for the groin. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The treating chiropractor's records are not present in the materials provided. The number of sessions requested far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the cervical spine, lumbar spine and right groin to not be medically necessary and appropriate.