

Case Number:	CM15-0047180		
Date Assigned:	03/19/2015	Date of Injury:	10/08/2010
Decision Date:	04/24/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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:

This 57-year-old female sustained an industrial injury to the back and right wrist on 10/8/10. In a progress note dated 2/11/15, the injured worker complained of worsening low back pain. Physical exam was remarkable for tenderness to palpation to the lumbar spine with spasms, limited range of motion to the lumbar spine and intact sensation to bilateral lower extremities. Current diagnoses included lumbar spine herniated nucleus pulposus with radiculopathy, right de Quervain's tenosynovitis, right thumb pain, right thumb mild flexor tendinitis, right upper extremity neuropathy, psychological overlay, coccydynia (resolved) and medication induced gastritis. Prior treatment has included chiropractic care. The treatment plan included chiropractic therapy with physiotherapy twice a week for six weeks. The UR department has modified the request and approved 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with physiotherapy and myofascial release two times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

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 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 records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The prior chiropractic treatment records are not present in the materials provided. The carrier has already modified the request and approved 2 sessions. The number of sessions requested far exceeds The MTUS recommended number. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.