

Case Number:	CM15-0051277		
Date Assigned:	03/24/2015	Date of Injury:	08/05/2011
Decision Date:	05/12/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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 64-year-old female, who sustained an industrial injury on 8/05/2011. The mechanism of injury was noted. The injured worker was diagnosed as having lumbar degenerative disc disease and chronic low back pain. Treatment to date has included conservative measures, including medications, chiropractic care and physical therapy. Currently, the injured worker complains of low back pain, worse in the morning and on days that she works. She used a back massager to help start her day. Her pain was rated 5/10 and it was a non-work day. Pain was rated 8-9/10 after a day of work. Current medications included Norco and Advil. Emla cream was used at night while lying down. She was documented to gain 20 pounds since her back injury, and body mass index was 42.32%. She ambulated without a device and her gait was normal. A home exercise program was not noted. The treatment plan included chiropractic 8 sessions to the lumbar spine, dietary modifications, and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for low back Qty:8: 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. In the records provided, the PTP progress notes states: "Chiropractics: performed by, D.C. 2 sessions for 4 weeks." It can only be deduced from this description that chiropractic treatment was provided. The number of previously provided chiropractic care sessions is not provided. 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 records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care was performed in the PTP's office. However, the chiropractic treatment notes are not provided. I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.