

Case Number:	CM15-0053449		
Date Assigned:	03/26/2015	Date of Injury:	04/07/2010
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/20/2015

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 60 year old male, who sustained an industrial injury on 4/7/10. He reported pain in the lower back related to cumulative trauma. The injured worker was diagnosed as having lumbago and lumbar radiculitis. Treatment to date has included chiropractic treatments and oral and topical pain medications. As of the PR2 dated 1/14/15, the injured worker reports increased lower back pain and would like to see a chiropractor again as it helped in the past. The treating physician requested chiropractic treatments x 24.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Chiropractic treatment for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & 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. 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 nor linked to prior chiropractic care. It is of interest to note that with the current SB863 changes and the limit of chiropractic care to 24 sessions for the life of the case, although this is a soft cap, the PTP is requesting 24 sessions of chiropractic care. This number far exceeds the MTUS recommended number. Furthermore, the prior chiropractic treatment records are not available for review. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 24 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.