

Case Number:	CM15-0056338		
Date Assigned:	04/01/2015	Date of Injury:	06/23/2013
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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 43 year old male, who sustained an industrial injury on 6/23/13. He reported low back and left foot injury. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar strain/sprain and ankle sprain. Treatment to date has included physical therapy, acupuncture, TENS unit, medical branch block injection, oral medications and activity restrictions. Currently, the injured worker complains of low back pain and stiffness and worsened foot/ankle pain. The injured worker noted no response to medial branch block injection of lumbar area, no improvement with acupuncture, mild improvement with physical therapy and improvement of pain with TENS unit. Tenderness to palpation of lumbar area was noted on physical exam with spasms and tenderness was noted to palpation of left ankle with edema and decreased range of motion. The treatment plan consisted of request for authorization for 12 additional chiropractic treatments to the lumbar spine and continuation of oral medications and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the Lumbar Spine, twice a week for six weeks: 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 & 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 (16 sessions). 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." Two chiropractic treatment records have been provided for review. The initial Doctor's First Report of injury and one follow up progress report. The PTP describes improvements with treatments rendered. Objective functional measurements are listed. The range of motion is documented to have increased and pain levels decreased. The limited records provided by the treating chiropractor show some objective functional improvements with ongoing chiropractic treatments rendered. However, The ODG Low Back Chapter only recommends 1-2 additional visits with evidence of objective functional improvement. The 12 requested sessions far exceed The MTUS and ODG recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.