

Case Number:	CM15-0056382		
Date Assigned:	04/01/2015	Date of Injury:	12/22/2005
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
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 59-year-old female, who sustained an industrial injury on 2/22/05. The injured worker was diagnosed as having lumbar spine pain with herniated nucleus pulposus and L4-S1 bilateral radiculopathy, disc protrusion of L4-5 and disc extrusion at L5-S1, foraminal stenosis, left knee internal derangement, right ankle sprain, cervical spine pain, right shoulder impingement and internal derangement, left shoulder internal derangement, bilateral lateral elbow pain, right wrist sprain and bilateral carpal tunnel syndrome. Treatment to date has included (MRI) magnetic resonance imaging of lumbar spine, (EMG) Electromyogram of upper extremities and lower extremities, (MRI) magnetic resonance imaging of cervical spine, (MRI) magnetic resonance imaging of left knee, right knee arthroscopy, physical therapy and oral medications and chiropractic care. Currently, the injured worker complains of continuing moderate low back pain. Physical exam revealed slightly limited range of motion of cervical spine, otherwise normal. The treatment plan consisted of a request for authorization for 18 additional session of chiropractic care to the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 3 times weekly for 6 weeks, Cervical and Lumbar Spine with modalities: 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 Neck & Upper Back and Low back Chapters, Manipulation Sections/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 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 past chiropractic treatment notes are not available in the materials submitted 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 18 additional chiropractic sessions requested to the cervical and lumbar spine to be not medically necessary and appropriate.