

Case Number:	CM15-0058681		
Date Assigned:	04/03/2015	Date of Injury:	06/09/2001
Decision Date:	05/19/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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 53 year old male patient who sustained an industrial injury on 06/09/2001. A primary treating office visit dated 02/20/2015 reported subjective complaints of bilateral numbness, tingling in his buttocks on prolonged sitting. The pain radiates into lateral hip. He reports the belt offering some relief of symptom, but only temporary. The following diagnoses are applied: lumbago, and grade 1 spondylolisthesis at L-5 S1. He is to return to full duty work. The treating chiropractor is requesting 12 additional sessions of chiropractic care to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chirotherapy (EMS, Intermittent Axial Traction, Soft Tissue Mobilization, Cox Flex Distraction, Manipulation) - 2 times weekly for 6 weeks - for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Chiropractic Guidelines.

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 chiropractic treatment records in the materials submitted for review present with findings that do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. There is one PR2 report from February 2015 to review. Other treatment records are not present in the records. The findings are recorded at the time of flare-up in the one report provided but progress notes that chronicle the improvement as the patient is treated are not provided in the records. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend additional chiropractic care with evidence of objective functional improvement. The ODG Low Back Chapter recommends 1-2 additional visits over 4-6 months. 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 number of requested sessions far exceeds The MTUS recommended number. Given these circumstances and lack of objective functional improvement with the previous care rendered, I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.