

Case Number:	CM15-0080576		
Date Assigned:	05/01/2015	Date of Injury:	08/15/2013
Decision Date:	06/03/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 08/15/2013. He reported that his right leg fell into a wooden pallet and he fell onto his left side to the ground sustaining an injury to the low back. The injured worker was diagnosed as having lumbar spine degenerative disc disease and disc protrusion. Treatment to date has included magnetic resonance imaging of the lumbar spine, laboratory studies, lumbar epidural steroid injection, and chiropractic therapy. In a progress note dated 03/02/2015 the treating physician reports complaints of low back pain. The treating physician requested a continuation of chiropractic therapy with the treating physician noting that the injured worker did not want surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care - low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Chiropractic care.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic care to the low back not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are lumbosacral degenerative this disease; and disc protrusion. The request for authorization is dated April 3, 2015. A progress note dated December 22, 2014 contains a treatment plan requesting chiropractic treatment three times per week times four weeks of the lumbosacral spine. According to a progress note dated January 19, 2015, the injured worker received for out of six chiropractic treatments that have helped. The treatment plan shows a request for an additional eight chiropractic treatment sessions. There is no documentation of objective functional improvement. There are no chiropractic treatment/session notes in the medical record. The most recent progress note dated March 2, 2015, subjectively states the injured worker has continued low back pain. The objective section states "unchanged". The guidelines recommend a six visit clinical trial over two weeks. Additional chiropractic treatment is based on objective functional improvement. There is no documentation of objective functional improvement. Consequently, absent compelling clinical documentation with evidence of objective functional improvements and progress notes of treatment sessions, chiropractic care to the low back is not medically necessary.