

Case Number:	CM15-0084438		
Date Assigned:	05/06/2015	Date of Injury:	08/30/2010
Decision Date:	06/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/01/2015

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 54-year-old male, who sustained an industrial injury on 8/30/2010. He reported a lifting injury with popping, tearing, and pain in his mid and low back, pain down both legs, pain in his mid abdomen, pain in both knees, and rectal bleeding. The injured worker was diagnosed as having lumbar sprain/strain, muscle spasms, disc herniation, and radiculitis. Treatment to date has included diagnostics, chiropractic (unspecified but referenced in an Agreed Medical Evaluation report dated 1/29/2015), trigger point injections, lumbar transforaminal epidural steroid injections, and medications. Urine toxicology reports (6/23/2014 and 10/01/2014) were inconsistent with prescribed medications. Currently, the injured worker complains of low back pain, limited range of motion of the lumbar spine, and numbness and tingling to the left leg. Pain was rated 9/10 most of the time and current medication regime was not noted. He received 50% improvement after a first bilateral transforaminal epidural steroid injection (11/26/2014), but now pain retrogressed. Documentation of objective findings noted subjective complaints and no physical exam findings. The treatment plan included chiropractic (2x6) for the lumbar spine, a second bilateral transforaminal epidural steroid injection (4/08/2015), sleeping pillow, H wave unit, and medications. His work status was not documented. The UR department has modified the request and approved 6 of the 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 AME report included in the records provided for review indicates that the patient has received chiropractic care in the past for his work related injuries. The past chiropractic treatment records are not available for review in the materials provided. The PTP is requesting 12 additional sessions of chiropractic care. The UR department has modified the request and approved 6 sessions. The treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Low Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 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 ODG Low Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.