

Case Number:	CM15-0088967		
Date Assigned:	05/13/2015	Date of Injury:	01/03/2014
Decision Date:	07/21/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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 62 year old female who sustained an industrial injury on 1/3/14. The injured worker was diagnosed as having sacroiliac joint strain/sprain. Of note, several documents within the submitted medical records are difficult to decipher. Currently, the injured worker was with complaints of lower back pain. Previous treatments included chiropractic treatments and medication management. The injured workers pain level was noted as 5/10. The plan of care was for chiropractic treatments, 8 additional sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 4 weeks, lower 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 Manual Therapy and Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Low Back Chapter.

Decision rationale: The patient has received chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review show objective functional improvement with the past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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." There has been objective functional improvement with the care in the past per the treating chiropractor's progress notes reviewed. However, the 8 sessions requested far exceed the MTUS recommended number of 1-2 visits over 4-6 months. I find that the 8 additional chiropractic sessions requested to the lumbar spine are not medically necessary or appropriate.