

Case Number:	CM15-0244676		
Date Assigned:	12/24/2015	Date of Injury:	05/22/1996
Decision Date:	01/29/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/16/2015

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 79 year old male, who sustained an industrial injury on 5-22-96. Medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis without myelopathy or radiculopathy and lumbar intervertebral disc degeneration. The injured worker is retired. On (11-3-15, 9-1-15 and 7-7-15) the injured worker complained of low back pain. The injured workers symptoms have gradually worsened. The injured worker was noted to have a flare-up of his chronic condition. Objective findings revealed lumbar fasciitis and a limited range of motion. Forward flexion was 60 degrees and extension 10 degrees. A straight leg raise test was negative bilaterally to 60 degrees. The injured worker was noted to be able to do his age appropriate activities of daily living. Treatment and evaluation to date has included chiropractic treatments and a home exercise program. Current medications were not provided. The Request for Authorization dated 11-3-15 is for chiropractic sessions, to include massage, range of motion, stretching, myofascial release (MFR) ultrasound, flexion traction to and manipulation 2 sessions. The Utilization Review documentation dated 11-20-15 non-certified the request for 2 additional chiropractic sessions, to include massage, range of motion, stretching, myofascial release (MFR) ultrasound, flexion traction and manipulation 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 sessions, to include massage, ROM, stretching, MFR ultrasound, flexion traction and manipulation, Qty 2 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

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 do not show objective functional improvement with 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 if RTW is achieved and up to 18 sessions over 6-8 weeks. 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 no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The objective findings documented in every progress report are identical and do not show change. The patient is retired. I find that the 2 additional chiropractic sessions requested to the lumbar spine to include massage, range of motion, stretching, myofascial release (MFR) ultrasound, flexion traction and manipulation to not be medically necessary and appropriate.