

Case Number:	CM15-0006455		
Date Assigned:	01/23/2015	Date of Injury:	07/27/2012
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Chiropractor

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 female who reported an injury on 07/27/2012. The mechanism of injury was not provided. Review of the submitted medical records indicates the injured worker has a history of low back pain and MRI evidence of multilevel disc herniation and annular tearing; however, a specific diagnosis related to the lumbar spine was not included. Her past treatments were noted to include chiropractic treatment, acupuncture, and epidural steroid injection. A clinical note dated 12/11/2014 indicated that the injured worker was being seen status post right knee arthroscopy. No subjective information regarding the lumbar spine was included. Her physical examination included findings in the right knee and left shoulder. However, no clear objective findings related to the lumbar spine were included. Her diagnoses were listed as neck sprain and strain, postoperative right knee, and left shoulder rotator cuff tear. The treatment plan at the time of the visit included 12 chiropractic visits for the neck and shoulder, acupuncture for an unspecified area, and followup with an orthopedist for the shoulder and knee. However, there was no rationale included for the requested chiropractic manipulation for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation for the lumbar spine, 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The submitted documentation indicated that the patient had a history of low back pain. It was also mentioned that she had previously been treated with chiropractic care, acupuncture, and epidural steroid injection for the lumbar spine. The California MTUS Guidelines state manual therapy and manipulation is recommended to achieve objective measurable gains in functional improvement and to facilitate progression in the patient's therapeutic exercise program. When indicated, chiropractic treatment for the low back may be recommended for a total of up to 18 visits with evidence of objective functional improvement after a 6 visit trial. The submitted documentation failed to include evidence of significant functional deficits related to the lumbar spine. Additionally, the injured worker was noted to have had previous chiropractic treatment in this area; however, the documentation failed to include details regarding this treatment to include the number of visits completed and evidence of objective functional improvement with this treatment. Additionally, there was no documentation indicating that the injured worker was participating in an active therapeutic exercise program for the lumbar spine. In the absence of this information, the request for Chiropractic manipulation for the lumbar spine, 6 visits is not medically necessary.