

Case Number:	CM15-0011058		
Date Assigned:	01/28/2015	Date of Injury:	06/11/2013
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: Chiropractor, Oriental 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 47 year old female, who sustained an industrial injury on 6/11/2013. The current diagnoses are lumbar degenerative disc disease/disc bulges and mild thoracic degenerative disc disease/disc bulges. The MRI of the thoracic spine shows mild degenerative disc disease and minimal disc bulge, but no significant compressive lesion. The MRI of the lumbar spine shows L5-S1 degenerative disc disease, as well as disc bulges at L1-L2 and L2-L3. Currently, the injured worker complains of constant upper and lower back pain. The pain is rated 7/10 on a subjective pain scale. The pain was characterized as tingling, sharp, and dull-type pain. Current medications are Vicodin and Ibuprofen. Treatment to date has included modified duty, medications, and physiotherapy. The treating physician is requesting 12 sessions of decompression therapy to the thoracic and lumbar spine, which is now under review. On 1/8/2015, Utilization Review had non-certified a request for 12 sessions of decompression therapy. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of decompression therapy: 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 Page(s): 58-59.

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment for lumbar and thoracic pain. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.