

Case Number:	CM15-0013097		
Date Assigned:	01/30/2015	Date of Injury:	06/17/2011
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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 47 year old male, who sustained an industrial injury on 6/17/2011. The current diagnoses are lumbago, sprain/strain of the lumbar spine, thoracic or lumbosacral neuritis or radiculitis, and left lumbar facet syndrome. Currently, the injured worker states that the pain has improved 50% after his recent chiropractic sessions. He states that previous trigger point injections were helpful; he had decreased pain and better range of motion. Current medications are Naproxen and Flexeril. Treatment to date has included medications, physical therapy, TENS unit, chiropractic, trigger point injections, lumbar epidural steroid injections, and lumbar facet blocks. The treating physician is requesting 6 additional sessions of chiropractic care to the lumbar spine, which is now under review. On 1/15/2015, Utilization Review had non-certified a request for 6 additional sessions of chiropractic care to the lumbar spine. The chiropractic care was non-certified based on no documentation of objective functional gains with previous chiropractic treatment. 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:

Chiropractic care to the lumbar spine 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Chapter Page(s): 58. Decision based on Non-MTUS Citation Low Back Chapter MTUS Definitions

Decision rationale: The PTP in this case requested an initial trial of 6 sessions of chiropractic care. The patient was treated for those 6 sessions. The ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The Chronic Pain Medical Treatment Guidelines recommends additional chiropractic care with evidence of objective functional improvement. 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 PTP describes some Improvements with treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increased does not provide objective functional improvement data as defined in the MTUS. The records provided by the primary treating physician and chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.