

Case Number:	CM15-0015784		
Date Assigned:	02/03/2015	Date of Injury:	04/09/2014
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/27/2015

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 39 year old male, who sustained an industrial injury on 4/9/14. The injured worker has complaints of low back pain that travels down the right leg, down to the foot and to the side of the foot; right hip pain which is increased with walking and clicking from the right hip and neck/upper back pain. Range of motion for the lumbar spine was restricted at 45 degrees in flexion, 20 degrees in extension, 15 degrees in bilateral rotation and 10 degrees in bilateral lateral flexion. Valsalva test was positive for the neck area and straight-leg raise was positive on the right and Patrick's test was positive on the right. The diagnoses have included cervical whiplash/sprain/strain with underlying degenerative disc disease with mild to moderate right foraminal stenosis at C3-4 and mild spinal canal stenosis at C5-6; at L5-S1 there is a small 3-4 mm broad based central disc protrusion; lumbar radiculopathy, probably S1, right lower extremity and right hip enthesopathy, rule out underlying hip osteoarthritis. Work status remains as total temporary disability. Treatment to date has included physical therapy for the lumbar spine; Magnetic Resonance Imaging (MRI), chiropractic therapy epidural steroid injections and medications. According to the utilization review performed on 12/26/14, the requested Chiropractic Therapy - Spine (Lumbar/Cervical/Thoracic) 1x6 has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines were used in the utilization review and noted that with evidence of objective function improvement, a total of up to 18 visits was supported; in addition, elective/maintenance care was not medically necessary. There was no documented report of functional improvement with initial chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy - Spine (Lumbar/Cervical/Thoracic) 1x6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 298-299, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Chiropractic Guidelines

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

Decision rationale: The patient has received prior chiropractic care. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low Back Chapters 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 same section recommends a total of 18 visits over 6-8 weeks 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." The treating chiropractor has demonstrated objective measurements as listed. The range of motion has increased and pain levels decreased. The records provided by the primary treating chiropractor show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 additional chiropractic sessions requested to the spine (cervical, thoracic, lumbar) to be medically necessary and appropriate.