

Case Number:	CM15-0018196		
Date Assigned:	02/06/2015	Date of Injury:	03/28/2014
Decision Date:	03/31/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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 55 year old female, who sustained an industrial injury on March 28, 2014. She has reported a back injury. The diagnoses have included lumbar sprain and strain. Treatment to date has included 6 completed chiropractic sessions, and medications. Currently, the IW complains of back pain. She is noted to be using braces, which she reports are helping. She reports her pain level is 6/10 on a pain scale. Physical findings are noted to be lumbar range of motion flexion 15 degrees with pain, and sciatic of the right leg, extension 10 degreed with pain and sciatica of the right leg. On December 31, 2014, Utilization Review non-certified chiropractic treatments two times weekly for four weeks for the lumbar spine. The MTUS, Chronic Pain Medical Treatment and ACOEM Guidelines were cited. On January 23, 2015, the injured worker submitted an application for IMR for review of chiropractic treatments two times weekly for four weeks 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 treatments 2 times a week for 4 weeks to the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient has received 6 prior sessions of chiropractic care for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. 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 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. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The prior chiropractic treatment records are not present in the records provided for review. I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.