

Case Number:	CM15-0110729		
Date Assigned:	06/17/2015	Date of Injury:	10/03/2013
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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 40-year-old male, who sustained an industrial injury on 10/3/13. The injured worker has complaints of lumbar back pain, left-sided back pain. The documentation noted that the injured worker has diminished Achilles reflexes bilaterally and has loss to pin prick, patchy at S1 (sacroiliac) bilaterally and positive straight leg raise bilaterally. The diagnoses have included sprain of neck. Treatment to date has included Norco; soma and magnetic resonance imaging (MRI) of the lumbar spine demonstrate a collapsed L5-S1 (sacroiliac) disk space with moderate neuroforaminal stenosis at the extra foraminal zone. The request was for 12 additional chiropractic therapy sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Therapy Sessions for The Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters, Manipulation Sections.

Decision rationale: The patient has received chiropractic care for his injuries in the past per the PTP's reports. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Neck and Upper Back Chapter recommends additional chiropractic care beyond 2-3 visits 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. " There has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The number of requested sessions far exceed The MTUS recommendations. I find that the 12 additional chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.