

Case Number:	CM15-0111064		
Date Assigned:	06/17/2015	Date of Injury:	04/04/2014
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
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 60 year old male with an industrial injury dated 04/04/2014. His diagnoses included lumbar stenosis at lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1 and lumbar degenerative disk disease. Prior treatment included chiropractic treatment, pain medication, acupuncture and physical therapy. He presents on 04/20/2015 with pain in his back and difficulty with extended periods of time walking or standing. He had been through 12 visits of chiropractic treatment which had been somewhat helpful. Physical exam noted the injured worker was hunched forward with his lower back and leaning to the left. He had difficulty standing straight and upright. There was tenderness in the lumbosacral junction and decreased range of movement in all planes in the lower back. He had a positive straight leg raise on the left and right. The provider documents MRI of the lumbar spine dated 05/08/2014 showed multi-level degenerative changes of the lumbar spine with multilevel spinal canal and neural foraminal compromise. Acute compression injury could not be excluded. Treatment plan included an additional 12 visits of chiropractic treatment to bring his total visits to 24 visits. The treatment request is for additional chiropractic therapy 2 times a week for 6 weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 6 weeks for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Low Back Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. 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 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 have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The number of additional sessions requested far exceed the recommendations of The MTUS and ODG. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.