

Case Number:	CM15-0114215		
Date Assigned:	06/22/2015	Date of Injury:	07/11/2014
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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 28 year old male who sustained a work related injury July 11, 2014. While breaking PVC pipe, he fell into a trench, landing on his left side, striking his left hip and shoulder against the ground and twisting his lower back. An MRI of the lumbar spine, dated January 8, 2015, (report is present in the medical record) revealed L2-L3 3 mm left foraminal to lateral zone disc protrusion with annular fissure, moderate left neural foraminal narrowing; L4-L5 posterior bony spurring into bilateral foraminal zones, 3 mm circumferential disc bulge with central annular fissure and moderate left neural foraminal narrowing and bilateral facet joint hypertrophy; L5-S1 3mm left foraminal to lateral zone disc protrusion with moderate left neural foraminal narrowing, and bilateral facet joint hypertrophy. According to a primary treating physician's progress report, dated May 5, 2015, the injured worker presented with constant low back pain. He reports the last physical therapy was done about six weeks ago which did help with pain and increase mobility and functionality in his lumbar spine. He would like chiropractic treatment. There is two plus tenderness in the lumbar spine and painful range of motion. Some handwritten notes are difficult to decipher. Diagnosis is lumbar spine strain. Treatment plan is documented as H-wave therapy, waiting an agreed medical evaluation, and at issue, a request for authorization for 12 chiropractic treatment sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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, per the AME report provided for review. The past chiropractic treatment notes are not present in the materials provided. The patient has seen 2 chiropractors in the past. The AME states that the first treating chiropractor's office "closed" and hence the patient stopped treating. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. The patient has been seen by a second chiropractor but only for evaluation. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per The 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 has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The UR department has attempted to communicate with the requesting physician for peer to peer review but the requesting physician failed to call UR. The 12 requested sessions far exceed the recommendation of The MTUS. I find that the 12 additional chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.