

Case Number:	CM15-0116437		
Date Assigned:	06/24/2015	Date of Injury:	12/20/2013
Decision Date:	07/29/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/16/2015

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 12/20/2013. On provider visit dated 03/10/2015 the injured worker has reported lower back pain that radiates in the pattern of bilateral L4-L5 dermatomes, pain and numbness in the right wrist and as well as left ankle/foot. On examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and a restricted range of motion. A positive straight leg raise was noted positive bilaterally. Right wrist and left ankle tenderness to palpation with a restricted range of motion was noted and left foot was noted to have tenderness to palpation as well. The diagnoses have included lumbosacral musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discogenic disease, rule out right carpal tunnel syndrome, right wrist tendonitis, right wrist ganglion cyst, left ankle strain/sprain and left foot tenosynovitis. Treatment to date has included medication, chiropractic therapy and physical therapy. The injured worker was noted to be temporarily totally disabled. The provider requested 12 sessions of chiropractic therapy for lumbar spine and the left foot.

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 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

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 her 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 is 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 12 requested sessions far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.

12 Chiropractic Therapy Sessions for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

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 Ankle and Foot Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for her injuries 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 is 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, however for the ankle and foot the MTUS and The ODG Ankle & Foot Chapter do not recommend manipulation. There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The MTUS does not recommend manipulation for the foot. I find that the 12 additional chiropractic sessions requested to the left foot to not be medically necessary and appropriate.

