

Case Number:	CM15-0117940		
Date Assigned:	06/26/2015	Date of Injury:	06/09/2014
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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 56 year old female who sustained an industrial injury on 6/9/14 from cumulative trauma to the neck, lumbar spine and left knee. She currently complains of constant pain across the low back with occasional radiation into the lower extremities with numbness, tingling and weakness; constant neck pain with radiation to the right arm and fingers with numbness tingling and weakness. Her pain level was 2-10/10. On physical exam there was tenderness on palpation of the cervical spine, decreased range of motion due to pain, foraminal compression/ Spurling's test positive; there was tenderness on palpation of the lumbar spine with limited range of motion and positive straight leg raise (5/27/15 note). Medications are gabapentin, Norco; Tramadol 15%, dextromethorphan 10%, Capsaicin 0.025% cream; flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 1% cream; bupropion; Tramadol; Voltaren cream. Diagnoses include cervical degenerative disc disease; cervical stenosis; cervical spondylosis without myelopathy; anxiety disorder; herniated lumbar disc; lumbar degenerative disc disease; lumbar stenosis; herniated cervical disc; lumbar spondylosis; arthritis; fibromyalgia; depression. Treatments to date include physical therapy; medication; chiropractic therapy without prolonged relief (note from 4/10/15); psychiatric evaluations in the past for depression. Diagnostics include MRI of the cervical spine (8/14/14) showing multilevel and multifocal cervical disc degeneration and stenosis; x-ray of the cervical spine (6/23/14) showing discogenic disease; x-ray of the lumbar spine (6/23/14) showing mild discogenic disease. On 6/9/14 Utilization Review evaluated a request for additional chiropractic therapy to the cervical and lumbar spine twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the cervical and lumbar spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Low Back Chapter, Manipulation Section.

Decision rationale: The patient has received prior 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 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. In fact the treating chiropractor explains in one progress report that chiropractic care has "not provided prolonged benefit." 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 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.