

Case Number:	CM15-0126285		
Date Assigned:	07/10/2015	Date of Injury:	03/24/2014
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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 38 year old male, who sustained an industrial injury on 3/24/14. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar intervertebral disc displacement without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included physical therapy; chiropractic therapy; lumbar epidural steroid injection; medications. Currently, the PR-2 notes dated 5/26/15 indicated the injured worker complains of low back pain better with 15% improvement with chiropractic therapy. The provider notes negative tenderness to palpation in the lumbar spine, negative straight leg raise and the neurovascular is intact. He notes the lumbar spine epidural steroid injections (ESI) were with no relief and the injured defers any additional ESI. The provider documents diagnosis of lumbar spine degenerative disc disease and disc protrusion. He notes to consider MMI if additional chiropractic therapy 12 sessions does not improve the condition. The provider is requesting authorization of chiropractic therapy for the lumbar spine 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4 weeks for the Lumbar Spine: Upheld

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

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 Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for his lumbar spine injury in the past. 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 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 PTP's progress notes reviewed. The 12 sessions being requested far exceed The MTUS recommended number of 1-2 sessions over 4-6 months. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.