

Case Number:	CM15-0170062		
Date Assigned:	09/10/2015	Date of Injury:	12/21/2014
Decision Date:	10/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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 21 year old male, who sustained an industrial injury on 12-21-14. The injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), mechanical back pain with intermittent radiculitis and lumbar facet arthropathy. Medical records dated 7-31-15 indicate the injured worker complains of increasing pain since stopping chiropractic treatment completed on 7-7-15. He reports therapy helped. He complains of pain across the waistline with numbness and tingling. Physical exam notes range of motion (ROM) is increased from 5-22-15 visit and tenderness to palpation of the lumbar spine. Treatment to date has included 6 chiropractic treatments, ibuprofen, physical therapy and magnetic resonance imaging (MRI) (1- 21-15) revealing lumbar disc bulges. The original utilization review dated 8-7-15 indicates the request for chiropractic for the lumbar spine 6 visits is non-certified noting "efficacy of chiropractic care was not provided." The PTP is requesting 6 additional sessions of chiropractic care to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the lumbar spine - 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. 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. One chiropractic treatment note is present in the materials provided and was reviewed. The total number of chiropractic sessions provided to date are unknown but the records indicate that 6 initial sessions were approved in June 2015. 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 chiropractor's progress notes reviewed. The only report provided in the records documents that the lumbar spine has "full range of motion." No other objective findings are listed. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.