

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0174882 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 02/22/2013 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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 36 year old male, who sustained an industrial injury on 02-22-2013. He has reported injury to the low back and right knee. The diagnoses have included disc protrusion at T11-S1, positive per MRI of 02-18-2015; spinal stenosis multilevel T11-S1, positive per MRI of 02-18-2015; degenerative disc disease, positive per MRI of 02-15-2015; lumbar spine radiculopathy; and ganglion cyst at the medial meniscus in the right knee. Treatment to date has included medications, diagnostics, bracing, acupuncture, chiropractic therapy, and physical therapy. Medications have included Tramadol, Flexeril, and Tizanidine. A progress report from the treating physician, dated 04-13-2015, noted that the injured worker attributes his current improvement in range of motion to the therapy that he is receiving. A progress report from the treating physician, dated 07-23-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lumbar spine pain rated at 6 out of 10 in intensity; and the pain is constant, sharp, and radiates down the leg on the left. Objective findings included lumbar spine ranges of motion are decreased in flexion, extension, and right and left lateral flexion; positive toe walk and positive heel walk; and there is positive paraspinal tenderness to percussion. The treatment plan has included the request for chiropractic 2 times a week for 6 weeks for the lumbar spine. The original utilization review, dated 08-06-2015, non-certified a request for additional chiropractic 2 times a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks for the lumbar spine: 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. 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, up to 18 sessions. 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 requested 12 additional sessions far exceed The MTUS recommendations. I find that the 12 additional chiropractic sessions requested to the lumbar spine are not medically necessary and appropriate.