

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0174951 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 08/15/2011 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/19/2015 |
| 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 66 year old male, who sustained an industrial injury on August 15, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain. On July 29, 2015, the injured worker reported lumbar discomfort that was aching, sharp, and intense. The single Primary Treating Physician's report submitted for review dated July 29, 2015, noted the injured worker rated the intensity of his discomfort as 7 before medications, and 5 and noticeable 50% of the time after medications, on a scale of 0 to 10 with 10 being the worst pain. Objective findings were noted to include spinal restrictions-subluxations at L4, L5, and left pelvis, with extra spinal restrictions-subluxations lumbar. Pain and tenderness was noted in the lower lumbar region with muscle spasms noted in the lumbar regions. The treatment plan was noted to include a request for authorization for chiropractic treatments-physical rehab inclusive of massage and electric stim therapy to the lower back-sacrum area. The injured worker was instructed to remain off work with the work status of total temporary disability. The request for authorization dated August 29, 2015, requested chiropractic physical rehabilitation 2x8 for the lumbar spine. The Utilization Review (UR) dated August 19, 2015, non-certified the request for chiropractic physical rehabilitation 2x8 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 Physical Rehab 2x8 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: It is not clear from the records provided if the patient has received chiropractic care for her lumbar spine injury in the past. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. If past care has been rendered, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. If this is a request for a trial of chiropractic care the requested 16 sessions do not meet The MTUS recommendations. The MTUS and ODG recommend an initial trial of 6 sessions over 2 weeks. 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." I find that the 16 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.