

Case Number:	CM15-0179738		
Date Assigned:	09/25/2015	Date of Injury:	07/18/2012
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/13/2015

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 23 year old male, who sustained an industrial injury on 7-18-2012. The injured worker was being treated for cervical spine myofascitis with radiculitis and lumbar spine myofascitis with radiculitis. On 8-13-2015, the injured worker reported ongoing neck and low back pain that was unchanged. The physical exam revealed a wide based gait, tenderness of the cervical spine and lumbar spine, positive straight leg raise, and limited range of motion. The treating physician noted prior chiropractic treatment provided significant improvement. Per the agreed medical evaluator (4-22-2015 report), an MRI of the lumbar spine from 11-20-2014 revealed 1-2 millimeter diffuse disc bulges at L2-3 (lumbar 2-3), L3-4 (lumbar 3-4), and L4-5 (lumbar 4-5). At lumbar 5-sacral 1, there was a 5 millimeter left paracentral disc herniation with mild left neuroforaminal narrowing. There was moderate narrowing of the left lateral recess with mild mass effect on the left S1 nerve root, which seemed to have improved since the prior study. Per the agreed medical evaluator (4-22-2015 report), x-rays of the cervical spine performed on 4-22-2015 revealed normal appearing disc spaces and vertebral bodies and no evidence of fracture, displacement, or subluxations. Treatment has included at least 7 sessions of chiropractic therapy, off work, light work duties, lumbar epidural steroid injections, and medications including oral pain (Oxycodone), topical pain, and muscle relaxant. Per the treating physician (8-13-2015 report), the injured worker was to remain off work. The requested treatments included 12 additional chiropractic care sessions for the cervical and lumbar spine. On 9-2-2015, the original utilization review non-certified a request for 12 chiropractic care sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic care sessions for the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Neck & Upper Back, Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for his cervical and 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 (at least 7 sessions have been completed per UR notes). 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 ODG Neck & Upper Back Chapter recommends up to 18 sessions with 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 additional sessions requested far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.