

Case Number:	CM15-0027161		
Date Assigned:	02/19/2015	Date of Injury:	08/09/2010
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/12/2015

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 71 year old male, who sustained an industrial injury on 8/9/10. He has reported pain in the lower back and right knee. The diagnoses have included postlaminectomy syndrome with radiculopathy and bilateral knee osteoarthritis. Treatment to date has included L4-L5 fusion, L2-L3 epidural injections, chiropractic treatments and oral medications. As of the PR2 dated 1/22/15, the injured worker reports lower back pain. The treating physician noted significant functional improvement with previous chiropractic treatments and performed a thoracolumbar fascia injection at the visit. The treating physician requested chiropractic treatments 3x week x 4 weeks for lumbar spine. On 1/29/15 Utilization Review non-certified a request for chiropractic treatments 3x week x 4 weeks for lumbar spine. The utilization review physician cited the MTUS guidelines for chronic pain. On 2/15/15, the injured worker submitted an application for IMR for review of chiropractic treatments 3x week x 4 weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, Postsurgical Treatment Guidelines Page(s): Low Back Section. Decision based on Non-MTUS Citation ODG Low back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for his injuries post-surgery per the records provided. The patient is status post L4-5 lumbar fusion performed in 2011. In this case, The MTUS Post Surgical Treatment Guidelines recommends 34 visits of post-surgical physical medicine therapy over 16 weeks. The treatment period is 6 months post-surgery. Since the surgery was performed 4 years ago the 6 months time period has passed. Therefore, this section of The MTUS does not apply. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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." The PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic treatment records are not present. Furthermore, the requested number of sessions far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.