

Case Number:	CM15-0067079		
Date Assigned:	04/14/2015	Date of Injury:	01/20/2004
Decision Date:	05/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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 34-year-old female, who sustained an industrial/work injury on 1/20/04. She reported initial complaints of back pain and shooting pain down her leg. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medication and prior chiropractic care. MRI results were reported on 3/20/15 that demonstrated L3-4 mild disc degeneration with broad left posterior-lateral 1 mm disc protrusion, without stenosis. Electromyography and nerve conduction velocity test (EMG/NCV) demonstrated mild lower extremity sensory peripheral neuropathy. Currently, the injured worker complains of greater intensity of lower back pain. Per the primary physician's progress report (PR-2) on 3/24/15, noted undefined range of motion or straight leg raise. The requested treatments include an unspecified number of Chiropractic/ Physiotherapy 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/ Physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Treatment for Neck or Low back pain. Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. 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 her injuries. 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 number of treatment sessions being requested is not specified. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The Prior chiropractic treatment reports are not present in the materials provided for review. I find that the unspecified number of chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.