

Case Number:	CM15-0071183		
Date Assigned:	04/21/2015	Date of Injury:	07/23/2014
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/14/2015

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 43 year old female who sustained an industrial injury on 07/23/2014. Current diagnoses include lumbar herniated disc and sciatica. Previous treatments included medication management, chiropractic, and physiotherapy. Previous diagnostic studies included an MRI of the lumbar spine and x-rays of the lumbar spine. Initial complaints included back pain. Report dated 03/04/2015 noted that the injured worker presented with complaints that included low back pain with radiation to the left buttock. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continue orthopedic specialist, pain management for pain, and request for chiropractic and physiotherapy. Disputed treatments include chiropractic and physiotherapy, twelve visits. The PTP is requesting 12 additional sessions of chiropractic care 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 and physiotherapy; twelve (12) visits (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 chiropractic treatment records in the materials submitted for review present with findings that do not show objective functional improvement with past chiropractic care rendered, per The MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend additional chiropractic care with evidence of objective functional improvement for the lumbar spine. 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." MTUS ODG Low Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." The treating chiropractor's progress notes do not document objective functional improvement with the prior care rendered. I find that the 12 additional chiropractic sessions requested to the lumbar spine are not medically necessary and appropriate.