

Case Number:	CM15-0075611		
Date Assigned:	04/27/2015	Date of Injury:	06/22/2010
Decision Date:	05/27/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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 52 year old male, who sustained an industrial injury on 06/22/2010. He reported injury to his low back. Treatment to date has included physical therapy, narcotic pain medications, massage, chiropractic care, radiographic imaging and an anterior and posterior lumbar fusion at L5-S1 with interbody cage. Medications tried and failed included Flexeril and Fexmid. Norco and Mobic helped. According to a progress report dated 04/01/2015, the injured worker rated pain 8 on a scale of 1-10 without medications and 2 with medications. Current pain level was rated 3. Diagnoses included back pain lumbar, thoracic/lumbosacral neuritis/radiculitis unspecified and degenerative lumbar/lumbosacral intervertebral disc. Treatment plan included medications and chiropractic care. Currently under review is the request for 12 additional sessions of chiropractic therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy chiropractic session - two times a week for six weeks, lower back quantity : 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines and The ODG recommend additional chiropractic care with evidence of objective functional improvement, 1-2 sessions over 4-6 months. 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 patient had low back fusion surgery in 2013. It is not clear from the records provided, how many chiropractic treatment sessions have been completed post-surgery. The MTUS and ODG Low Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." Evidence of objective functional improvement is not present with the previously rendered care. The number of sessions requested by the PTP 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.