

Case Number:	CM15-0079712		
Date Assigned:	04/30/2015	Date of Injury:	08/15/2014
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 36 year old female, who sustained an industrial injury on August 15, 2014. The injured worker was diagnosed as having lumbosacral strain, left sacroiliac strain and left elbow strain. Treatment and diagnostic studies to date have included medication and chiropractic therapy. A progress note dated April 8, 2015 provides the injured worker complains of back pain and resolved left elbow pain. Physical exam notes left elbow is non tender and has full range of motion (ROM) that is improved from previous visit. There is no tenderness or spasm of the lumbar spine and decreased range of motion (ROM). Lumbar exam is also improved from previous visit. She has had 6 chiropractic treatments with good results. The plan includes an additional 6 chiropractic treatments to the left elbow, left knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 visits at the lower back, left elbow, and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

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

Decision rationale: The patient has received 12 prior sessions of chiropractic care for her injuries. The treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The chiropractic treatment notes and progress reports are not present in the materials provided for review. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Low Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 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 ODG Hand, Wrist and Forearm and Knee Chapters do not recommend manipulation. The ODG Low Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 6 additional chiropractic sessions requested to the lumbar spine, left elbow and left knee is not medically necessary and appropriate.