

Case Number:	CM14-0036391		
Date Assigned:	06/25/2014	Date of Injury:	08/28/2013
Decision Date:	07/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67 year old male with an injury date of 08/28/2013. Based on the 03/11/2014 progress report provided by [REDACTED], the patient presents with chronic low back pain radiating to the right gluteal region and the right lateral lower leg. The diagnoses are chronic right lumbar radiculopathy, lumbar disc herniation L4/L5, L5/S1, and lumbar spinal stenosis. An exam on 03/11/2014 shows positive straight leg raise on the right, sensation is decreased to pinprick in the right L4, L5, and S1 dermatomes. The patient's average pain levels are at a 4-6/10 with numbness and tingling to the dorsum of the right foot. The treater states the patient "continues to use hydrocodone and has found Gabapentin to provide significant relief of his right leg pain, particularly while he is trying to sleep at night." [REDACTED] is requesting 6 additional chiropractic sessions. The utilization review determination being challenged is dated 03/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/2014 to 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional Chiropractic Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, section on Manual Therapy & Manipulation, pages 58-59.

Decision rationale: This patient presents with chronic low back pain radiating to lower leg that is constant and worse with prolonged sitting. The treater has asked for 6 additional chiropractic sessions on 03/11/2014. Review of the reports show that the patient has had 6 sessions of chiropractic treatments from 02/11/2014 to 03/11/2014. The exam findings and work restrictions remain unchanged after the first 6 sessions of chiropractic manipulations. The patient also states he can "drive up to one hour without stopping where as previously he can only drive for up to 20 minutes without having severe pain." Regarding chiropractic manipulation, the MTUS Chronic Pain Guidelines recommends an optional trial of 6 visits over 2 weeks, and with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks are allowed. In this case, the treater documents some functional and pain improvements, although medication use is not documented. Given that the MTUS Guidelines allows up to 18 sessions of chiro treatments with demonstration of functional improvement, the request for 6 additional sessions appears reasonable. As such, the request is medically necessary and appropriate.