

Case Number:	CM15-0003590		
Date Assigned:	02/02/2015	Date of Injury:	02/05/2010
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male, who sustained an industrial injury on 2/5/2010. The current diagnoses are lumbar intervertebral disc displacement without myelopathy, lumbosacral sprain/strain, and thoracic sprain/strain. Currently, the injured worker complains of increased pain in the low back (3/10) that radiates into the left buttock area (3/10). Additionally, he complains of numbness and tingling in the right 2 lateral toes and mild right calf pain. Current medications are Norco and Advil. Treatment to date has included medications, chiropractic, and physical therapy. The treating physician is requesting chiropractic manipulative therapy times 5 sessions with adjunctive physical therapy times 4 sessions to the lumbar, which is now under review. On 1/5/2015, Utilization Review had non-certified a request for chiropractic manipulative therapy times 5 sessions with adjunctive physical therapy times 4 sessions to the lumbar. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative therapy times 4 sessions with adjunctive PT times 5 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.