

Case Number:	CM15-0006962		
Date Assigned:	01/22/2015	Date of Injury:	10/26/2011
Decision Date:	10/09/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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, Minnesota

Certification(s)/Specialty: Chiropractor

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 50-year-old male, who sustained an industrial injury on October 26, 2011. The injured worker was diagnosed as having lumbago, lumbar disc displacement without myelopathy, sciatica, inflammation of the sacroiliac joint, subluxation of the sacroiliac joint, and pain in the thoracic spine. An evaluation on December 2, 2014 revealed the injured worker had frequent low back pain with stiffness, frequent severe right leg pain and frequent mid-back pain with stiffness. He reported temporary relief from low back pain and leg pain for one day then the pain would return. On physical examination, the injured worker had increased range of motion with pain in dorso-lumbar motion studies. The evaluating physician noted "positive Kemp L5, Lasegue's right at 45 degrees, Braggards, valsalvo low back, depression C7-T1, compression, swallowing, Soto Hall's and right hip tenderness to palpation +2." An evaluation on October 27, 2014 revealed the injured worker had constant severe low back pain with stiffness, constant severe right leg pain and constant severe mid-back pain with stiffness. The physical examination was documented as "decreased range of motion with pain in the dorso-lumbar motion studies, positive Kemp l5, Lasegue's right at 20 degrees, Braggards, cough low back, valsalvo low back, depression C7-T1, compression, swallowing, Soto Hall's and right hip tender to palpation +3." The injured worker's previous treatment modalities were not included in the submitted documentation. A request was received on December 18, 2014 for six chiropractic sessions for the lumbar spine. The Utilization Review physician determined six chiropractic therapy sessions for the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Sessions for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 6 chiropractic visits for the lumbar spine over an unspecified period of time. The request for treatment (6 visits) is within the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate.