

Case Number:	CM15-0107604		
Date Assigned:	06/12/2015	Date of Injury:	08/27/2010
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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 (IW) is a 43 year old female who sustained an industrial injury on 8/27/2010. She reported a traumatic injury to the mid and low back. The injured worker was diagnosed as having sprain/strain of the lumbar spine, degenerative disc disease L3-4, L4-5, and L5-S1 facet syndrome lumbar spine L4-5 and L5-S1, anxiety, and depression, and chronic pain. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, medication management, and cortisone injections. In the provider notes of 01/26/2015, the IW stated she had received about 16 visits of chiropractic treatment that would occasionally increase her pain, but were temporarily helpful. Currently, (04/01/2015) the injured worker complains of constant burning and aching pain that she rates at 6-7/10. Prolonged sitting in the same position increases her burning pain. The worker complains of pain, numbness and tingling in the bilateral lower extremities to her toes with the left leg greater than the right. She also has muscle tightness up the spine and reports numbness and tingling in the fingers of her left hand. Most of her pain is left-sided which has changed from a midline presentation. Diagnostic studies of x-rays of the lumbar spine (01/26/2015) show degenerative disc disease, and an electromyogram (02/20/2015) of the bilateral lower extremities indicates lumbar radiculopathy. Treatment plans include a MRI of the lumbar spine, and Chiropractic therapy. A request for authorization is made for a MRI of the lumbar spine and Chiropractic therapy 2 x 4 to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 & 59.

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 has requested Chiropractic therapy 2 times per week for 4 weeks or 8 visits. The request for the above treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.