

Case Number:	CM15-0130725		
Date Assigned:	07/17/2015	Date of Injury:	11/27/2007
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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 36-year-old male who sustained an industrial injury on 11/27/2007. He reported rolling a 55-gallon drum full of accumulated manufacturing waste when it hit a snag and rolled back onto his feet causing him to pitch forward. He felt a "pop" in his back and had difficulty breathing with sudden abdominal pain. The injured worker was diagnosed with back pain, and later diagnoses included: post laminectomy syndrome, chronic low back and left leg pain, resolved urologic issues following surgery, ongoing psychological issues, and medication induced gastritis. Treatment to date has included surgical intervention, and a diagnosis of post laminectomy syndrome is present. A trial of a spinal cord stimulator (10/11/2013) reduced the pain by at least 50%. Transforaminal epidural steroid injections (TESI) done 01/23/2015 gave 60% improvement in pain and overall function. Currently, (05/29/2015) the injured worker is seen in follow up of low back pain and left lower extremity complaints. He states his pain has been unchanged since his last visit. He has radiation of numbness and tingling into his left leg and down into his toes. Prolonged sitting exacerbates his pain, and he continues to have muscle spasms in the posterior leg and back. The pain ranges between 4-8 intensity on a scale of 1-10. He stated at the exam of 05/29/2015 that his pain rated a 6-7 on a scale of 1-10. As of 05/29/2015, the worker was able to decrease use of oral medication and increase his walking distance, but the pain relief from the TESI was beginning to wear off. Eleven visits of chiropractic care have been completed, and six visits of acupuncture have been completed. Objectively, there is diffuse tenderness to palpation throughout the lumbar spine and paraspinal muscles. Range of motion is decreased in all planes of the lumbar spine. There is diminished sensation to the left primarily at the L5 and S1 dermatomes and to a lesser amount at the left L4 dermatome. Motor exam reveals some pain limitation to the bilateral psoas, quads and hamstrings, and true weakness of his left tibialis anterior, extensor hallucis longus, and everters. Straight leg raise on the left is positive at 30

degrees with pain/pulling to the calf. Bilateral lower extremity reflexes are hyporeflexive. Treatment options were discussed including living with the pain, physical therapy chiropractic, multiple pain management techniques, injections, spinal cord stimulator, and surgery (lumbar fusion at L5-S1). Requests for authorization were made for the following: Chiropractic lumbar rehabilitative therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic lumbar rehabilitative therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 and 78.

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

Decision rationale: The medical necessity for the requested 8 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The submitted documentation indicates that the claimant had undergone 11 chiropractic treatments previously. The time frame over which this treatment was provided was not available. The evaluation report dated 5/22/2015 was the 1st reference to the claimant receiving 11 chiropractic treatments. There was no evidence of functional improvement as a result of the 11 treatments rendered prior to this request. Therefore, the medical necessity for the requested 8 additional treatments was not medically necessary.