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| Case Number: | CM15-0133439 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 02/13/2014 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

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, Oriental Medicine

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 42 year-old female who sustained an industrial injury on 02/13/14. She reported low back, right hip, and right leg pain status post fall. The injured worker is diagnosed with having lumbar spine chronic radiculopathy bilaterally at S1 and left L5, lumbar spine degenerative disc disease with disc desiccation at all levels, 2mm disc bulge at L4-5, 3.5mm disc bulge at L5-S1 and associated facet joint arthropathy from L1-2 through L5-S1 without significant stenosis, lumbar sprain/strain, resolved left knee contusion, and right knee sprain/strain. Diagnostic testing and treatment to date has included MRI, EMG/NCV, physical therapy, and pain medication management. Currently, the injured worker complains of constant low back pain with painful movement and reduced range of motion; she has intermittent right knee pain with painful movement. Physical examination of the lumbar spine is remarkable for tenderness to palpation over the bilateral L4-5, bilateral sciatic notch, bilateral thighs, and right lateral calf. She has decreased sensation to the levator surface of the bilateral feet. Examination of the right knee demonstrates tenderness to palpation over the iliotibial band syndrome, and bicep tendons; there is mild antalgic gait to the right. Requested treatments include chiropractic therapy 1 time a week for 4 weeks. The injured worker is under a modified duty status. Date of Utilization Review: 06/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro (x4): 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): (s) 58/59.

Decision rationale: The UR determination of 6/17/15 denied the request for additional Chiropractic care, 4 sessions to the patient's lumbar spine citing CA MTUS Chronic Treatment Guidelines. The requested 4 additional sessions of manipulation is not medically necessary or supported by evidence of prior Chiropractic care or what evidence of functional improvement was achieved with prior manipulative management. The medical necessity for additional care, 4 sessions to the lower back was not supported by evidence of functional improvement or CA MTUS Chronic Treatment Guidelines.