

Case Number:	CM15-0133725		
Date Assigned:	07/21/2015	Date of Injury:	06/19/2008
Decision Date:	09/10/2015	UR Denial Date:	06/15/2015
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: Chiropractic

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 56 year old female who sustained an industrial/work injury on 6-19-08. She reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar degenerative discogenic disease, multilevel and left lower extremity radiculopathy. Treatment to date includes medication, physical therapy, epidural steroid injections, home exercise program, and diagnostics. Currently, the injured worker complained of chronic low back pain that is rated 10 out of 10 without medication with more leg cramping and 5 out of 10 with medication. Per the primary physician's report (PR-2) on 5-6-15, exam notes spasm and decreased range of motion with flexion and extension and rotation with pain of the lumbar spine. There is positive Lasegue sign on the right, positive straight leg raise on the right at 60 degrees and on the left at 70 degrees. Current plan of care included medication management, chiropractic therapy, intermittent acupuncture, massage, and continue home exercises. The requested treatments include chiropractic sessions to the lumbar and left lower extremity for 8 initial sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2xWk x 4Wks to the lumbar, left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

Decision rationale: An extensive amount of records were reviewed for this 2008 dated injury suffered by the patient. There is no evidence in the records provided that the patient has received prior chiropractic care for her lumbar spine injury. There are no chiropractic treatment notes in the materials provided. The patient has received physical therapy, acupuncture, medications and injections. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter both recommend an initial trial of 6 sessions of manipulation over 2 weeks. The rationale behind the UR denial is not available in the records for review. It is unknown why the initial trial of chiropractic care was denied. Regardless, the 8 initial chiropractic care sessions requested to the lumbar spine are medically necessary and appropriate.