

Case Number:	CM15-0133836		
Date Assigned:	07/22/2015	Date of Injury:	02/07/2011
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
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

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 43-year-old female who sustained an industrial injury on 2/7/11 resulting in low back pain from her work activities. She was medically evaluated, had MRI, therapy. She currently complains of achy back radiating down the right leg and knee (4-5/10); stabbing bilateral knee pain; pins and needles in the right shoulder blade area. On physical exam of the lumbar spine, there was limited range of motion in all direction, guarded muscles across the midline into the right lumbar area; stretch tests are positive in both legs. She indicates some limitations in certain areas of activities of daily living. Medications were Tramadol, naproxen. Diagnosis was chronic strain/ sprain of the lumbar spine with sciatica associated with abnormalities of the intervertebral discs, disc bulges at L4-5, L5-S1. Treatments to date include medications; chiropractic treatments. Diagnostics include MRI of the lumbar spine (1/26/15) showing disc herniation's in lower lumbar spine; electro diagnostic studies of lower extremities (1/19/15) normal; ultrasound of bilateral buttock region (2/25/15) unremarkable. In the progress note dated 5/12/15 the treating provider's plan of care includes a request for chiropractic treatment twice per week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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."

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 requested 8 treatments exceeds this guideline. A modification of the request to certify 6 treatments would be appropriate. On 2/23/2015, the claimant underwent an agreed medical evaluation with [REDACTED], orthopedic surgeon. He opined that in situations in which the claimant sustains acute exacerbations or aggravations of her condition that the claimant "should be afforded 6 sessions of physiotherapy for each exacerbation or aggravation and should be taught a home exercise program." Given the claimant's presenting complaints at the time of this request a modification of the request to certify a course of 6 chiropractic treatments would have been appropriate and consistent with the medical treatment utilization schedule guidelines and the agreed medical evaluation. The requested 8 treatments exceed this guideline. This request is not medically necessary.