

Case Number:	CM15-0134843		
Date Assigned:	07/23/2015	Date of Injury:	04/02/2011
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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 49 year old female who sustained an industrial /work injury on 4/2/11. She reported an initial complaint of neck and back pain. The injured worker was diagnosed as having cervicalgia, lumbago, lumbar disc displacement, lumbosacral neuritis, lumbosacral disc disease. Treatment to date includes medication, and surgery (left L4-5 microdiscectomy and foraminotomy, L5-S1 interbody fusion, L4-5 interbody fusion). MRI results were reported on 7/12/12 and 9/13/14. EMG/NCV (electromyography and nerve conduction velocity test) was completed on 6/5/13. Currently, the injured worker complained of burning pain on top of the surgical scar with stabbing pain below incision which is similar to pain prior to surgery, difficulty bending and going from sit to stand position, rates pain as 10/10 worse on the left side. Pain is radiation of pain, numbness, and tingling into the bilateral lower extremities that radiate from her back down the left leg to the great toe on the left. Pain is 75% in the back and 25% in the neck overall. Per the primary physician's report (PR-2) on 5/22/15, exam noted normal gait, decreased range of motion to neck and lumbar regions, 5/5 motor function, normal upper and lower reflexes, and negative orthopedic testing. The requested treatments include Chiropractic therapy 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 therapy for the lumbar spine, twice a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: The claimant presented with chronic low back pain despite previous treatments with medications, physical therapy, and multiple surgeries. Reviewed of the available medical records showed no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 8 visits exceeded the guidelines recommendation. Therefore, without first demonstrating functional improvement with the trial visits, the request for 8 visits is not medically necessary.