

Case Number:	CM15-0139668		
Date Assigned:	07/29/2015	Date of Injury:	06/23/2014
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency 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 26 year old male, who sustained an industrial injury on 6-23-14 Initial complaints were of mid and lower back pain. The injured worker was diagnosed as having chronic lumbar pain; upper back pain; thoracic sprain; lumbar spine sprain; right ankle pain; insomnia; anxiety; depression. Treatment to date has included physical therapy; acupuncture; chiropractic therapy-extracorporeal shockwave therapy; podiatric evaluation (3-10-15); transforaminal nerve root injections L4-L5 and L5-S1 (2-19-15; 5-5-15); medications. Diagnostics studies included MRI left wrist (4-22-15); EMG-NCV study lumbar region and lower extremities (10-2-14; 12-16-14); MRI thoracic spine (10-9-14); MRI lumbar spine (10-10-14; Flex-Ext 11/3/14). Currently, the PR-2 notes dated 3-10-15 indicated the injured worker complains of painful bilateral foot and ankle pain and lower extremity - lumbosacral pain, slowly improving. The injured worker reports orthotics were painful for the first few days however slowly has gotten use to them. He is wearing them 5-6 hours daily and continues to still use a one point cane for stability. He has pain in the lumbosacral area and presents on this day for another follow-up visit. The provider notes the lower extremity findings are positive with normal motor function. The lateral sural-sural on the left side is mildly hypersensitive, the right side is still moderately hypersensitive. The superficial and deep peroneal on both sides are hyposensitive. The pes planus deformity noted bilaterally with hyperpronation. There is decreased pain with palpation of the bilateral sinus tarsi, right greater than left improved since last visit. There is decreased pain with palpation of the bilateral peroneals, calves, right greater than left, improved since last visit. Weight bearing examination reveals antalgic gait, putting all the pressure on the

contralateral side, using a one point cane for stability. He also has hyperpronation with everted heels. His range of motion is normal. The provider notes the injured worker has reached podiatric maximum medical improvement at this time and recommended the injured worker continue to wear orthotics 6-8 hours daily and continue acupuncture and chiropractic and physical therapy as well as prescribed medications. The provider is requesting authorization of 4 sessions of chiropractic manipulation to include electrical stimulation, therapeutic exercises, massage therapy, CMT regions and extraspinal manipulation with spinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of chiropractic manipulation to include electrical stimulation, therapeutic exercises, massage therapy, CMT regions and extraspinal manipulation with spinal:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Electrical Stimulation; Physical Therapy.

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

Decision rationale: The requested 4 sessions of chiropractic manipulation to include electrical stimulation, therapeutic exercises, massage therapy, CMT regions and extra spinal manipulation with spinal, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has pain in the lumbosacral area and presents on this day for another follow-up visit. The provider notes the lower extremity findings are positive with normal motor function. The lateral sural-sural on the left side is mildly hypersensitive, the right side is still moderately hypersensitive. The superficial and deep peroneal on both sides are hyposensitive. The pes planus deformity noted bilaterally with hyperpronation. There is decreased pain with palpation of the bilateral sinus tarsi, right greater than left improved since last visit. There is decreased pain with palpation of the bilateral peroneals, calves, right greater than left, improved since last visit. Weight bearing examination reveals antalgic gait, putting all the pressure on the contralateral side, using a one point cane for stability. He also has hyperpronation with everted heels. His range of motion is normal. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, 4 sessions of chiropractic manipulation to include electrical stimulation, therapeutic exercises, massage therapy, CMT regions and extra spinal manipulation with spinal is not medically necessary.