

Case Number:	CM15-0140694		
Date Assigned:	07/30/2015	Date of Injury:	12/17/2007
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
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: 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:

This 67 year old male sustained an industrial injury to the low back on 12-7-07. Magnetic resonance imaging lumbar spine (1-28-08) showed degenerative disc disease with neural foraminal narrowing. Previous treatment included acupuncture, home exercise, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4-23-15, the injured worker complained of continuing low back pain with radiating numbness and tingling to bilateral lower extremities. In a chiropractic progress note dated 5-18-15, the injured worker had completed six sessions of chiropractic therapy. The injured worker noted temporary, slight improvement after treatments but continued to note low back pain with radiating numbness and pain to bilateral lower extremities. Physical exam was remarkable for lumbar spine with tenderness to palpation to the lumbar spine with spasms, decreased flexion, positive Kemp's, Ely's and Yeoman's tests and normal lower extremity motor strength and deep tendon reflexes. Current diagnoses included lumbar disc displacement with left radiculitis, lumbar subluxations and chronic lumbar spine sprain/strain. The physician stated that if the injured worker continued proper active rehabilitation in his lumbar spine the injured worker would recover his permanent and stationary level. The physician recommended six additional chiropractic therapy sessions with active chiropractic spinal correction and manipulation and physical therapy modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy x6 sessions: Upheld

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

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

Decision rationale: The claimant presented with chronic low back pain despite previous treatments with medications, TENS unit, acupuncture, chiropractic, and home exercises programs. Treating doctor progress report dated 04/23/2015 noted the claimant has had chiropractic treatment previously; however the total number of visits and treatments outcomes is not documented. Currently, the claimant has completed 6 chiropractic visits with slight and temporary improvement after treatment. However, pain and numbness continued, and there is no objective functional improvement documented. The number of visits completed also exceeds MTUS guidelines recommendation for flare-ups. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.