

Case Number:	CM15-0144503		
Date Assigned:	08/12/2015	Date of Injury:	12/31/2014
Decision Date:	09/14/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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 40 year old male who sustained an industrial injury on 12-31-14. He reportedly slipped, causing him to hit his left side on the corner of a large object. His initial complaints were "acute pain" with difficulty walking and standing. He was seen by a medical provider that day. There was a noted abrasion with swelling of the lumbar area of his back. He was diagnosed with lumbar sprain, strain, and lumbago. An x-ray of the lumbar spine was taken. He was treated with an intramuscular pain medication, provided a back brace with stays, and given oral medication prescriptions. On 1-13-15, he was seen by a Qualified Medical Examiner (QME). The report indicates that the injured worker presented to the emergency department on 1-1-15 due to continued back pain. X-rays were taken, which revealed "negative findings". He underwent an ultrasound, which was also deemed to be "negative". He received a "pain injection" and released. The QME gave diagnoses of lumbago, lumbar spine musculo-ligamentous sprain, strain, rule out lumbar spine radiculitis versus radiculopathy, and lumbar spine myospasm. The treatment plan was for medications and an MRI of the lumbar spine. He was given a trigger point injection. The PR-2 dated 2-6-15 indicates that the injured worker continued to complain of "constant severe neck pain, stiffness, heaviness, and numbness radiating to both shoulders". He also complained of "constant moderate low back pain, stiffness, heaviness, and numbness radiating to left leg with numbness", as well as "constant severe left and right shoulder pain, stiffness, heaviness, numbness, and weakness radiating to elbow and wrist". His complaints also included "constant moderate left knee pain, stiffness, numbness, and weakness radiating to the foot", as well as "constant moderate right knee pain, stiffness,

heaviness, numbness, and weakness radiating to the foot". He also complained of loss of sleep due to pain and depression. The treatment plan included chiropractic therapy, physical therapy, and an "EMG-NCV" of the lower extremity. In March 2015, he continued with the same symptoms and was referred to pain management. An MRI of the left shoulder, right shoulder, and right knee was ordered. With continued symptoms, he also underwent acupuncture. An MRI of the cervical spine was ordered and a referral to psychiatric services was made. On the most recent PR-2 dated 5-8-15, the injured worker's symptoms were unchanged. The treatment plan was to continue acupuncture and follow-up with pain management, orthopedics, and psychiatric services. The patient has not received prior chiropractic care to the lumbar spine. The last documented visit was on 6-19-15. He continued to have the same symptoms. The PTP is requesting an initial trial of 18 sessions of chiropractic care to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 6 weeks to 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 Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

Decision rationale: The patient has not received chiropractic care for his lumbar spine injury in the past. Per the records reviewed, the patient has been seen by a chiropractor but not treated by that chiropractor. The chiropractor has monitored the patient and directed the care. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The PTP is recommending 18 initial sessions. This requested number of sessions far exceeds the MTUS and ODG recommendations. Both sections recommend an initial trial of 6 sessions with additional sessions with evidence of objective functional improvement. I find that the 18 initial chiropractic sessions requested to the lumbar spine not medically necessary and appropriate.