

Case Number:	CM15-0148670		
Date Assigned:	08/11/2015	Date of Injury:	06/16/2011
Decision Date:	09/11/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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, Oriental 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 37 year old male, who sustained an industrial injury on 6-16-11 Initial complaints were not reviewed. The injured worker was diagnosed as having displacement of intervertebral disc site unspecified, without myelopathy; protrusion L4-5 and L5-S1 with neural encroachment at L4-5; lumbar radiculopathy; lumbar spondylosis. Treatment to date has included physical therapy; chiropractic therapy; TENS unit; medications. Currently, the PR-2 notes dated 6-12-15 indicated the injured worker complains of low back pain with lower extremity symptoms rating his pain as 6 out of 10. The provider documents the medication does facilitate maintenance of the activities of daily living. He documents the benefits of each prescribed medications. Objective findings note tenderness at the lumbar spine with range of motion for flexion at 40 degrees, extension at 35 degrees, left and right lateral tilt 35 degrees with left and right rotation at 35 degrees. He has positive leg raising bilaterally. There is noted spasm of the lumboparaspinal musculature. The provider is requesting authorization of Chiropractic therapy to the lumbar spine 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy to the lumbar spine 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X6 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.