

Case Number:	CM15-0149750		
Date Assigned:	08/12/2015	Date of Injury:	06/27/1988
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/03/2015

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 53 year old male, who sustained an industrial injury on 6-27-88. Initial complaints were not reviewed. The injured worker was diagnosed as having hypertension-work related stable; orthopedic injuries; sleep apnea continue CPAP; low back pain; lumbar disc displacement; lumbar radiculopathy. Treatment to date has included: chiropractic care; physical therapy; Synvisc One (8-21-14; 3-5-15); right transforaminal epidural steroid injection L4-5 and L5-S1 (4-20-15); medications. Currently, the PR-2 notes dated 6-30-15 indicated the injured worker was referred to this provider for an initial comprehensive orthopedic evaluation. He has suffered continuous trauma and previously been treated with chiropractic care and injections with improvement. Lately, he reports he has been experiencing pain in his lower back rated at 4 out of 10. His pain is described as sharp especially in the morning when he is bending or after prolonged sitting. Walking seems to give him some relief. On physical examination, he is able to heel-toe walk and squat. There is slight increased pain on extension and his neurological examination of the lower extremities show motor and sensory intact. His deep tendon reflexes are 2+ and symmetrical and straight leg raise is negative. He had x-rays (4 view) of the lumbar spine on this day and reveals loss of disc height at L5-S1 and slight rotation of L4 on L5. He has flare-ups of low back pain and finds chiropractic care helpful. He would like chiropractic care once a month for twelve months so he can use it on an as needed basis. The provider is requesting authorization of 12 sessions of chiropractic treatment to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic treatment to the lumbar spine: 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The July 17, 2015 utilization review document denied the treatment request for 12 sessions of chiropractic treatment to the patient's lumbar spine citing CA MTUS chronic treatment guidelines. The medical records reflect that chiropractic care had been helpful in the past with recommendations for monthly treatment. The current report requesting 12 chiropractic visits followed a reported flare or exacerbation the recommended care on a onetime per month basis for 12 months or as needed. The reviewed medical records failed to establish the medical necessity for the 12 chiropractic visits or comply with CA MTUS chronic treatment guidelines, therefore is not medically necessary.