

Case Number:	CM15-0161661		
Date Assigned:	08/28/2015	Date of Injury:	03/05/2012
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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, Montana

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 49 year old male who sustained an injury on 3-5-12. The initial symptoms and complaints from the injury are not included in the medical records. Current complaints as noted from the PR2 dated 6-30-15 include low pain radiating down left leg; weakness in the left leg that is aggravated with prolonged bending, stooping and standing. The IW is not working. Medications include Tylenol with Codeine #3, 3-4 times a pain for pain; Anaprox 1 per day for inflammation. There is functional improvement and improvement in pain with his current regimen. The pain is rated 4 out of 10 with medication and without medication it is rated 9 out of 10. There is improvement with activities of daily living; increased ability to stand and walk. Objective findings are tenderness in the midline lumbar spine and left low back; active range of motion of the lumbar spine; flexion is 40 degrees; extension is 10 degrees and lateral bending right 15 degrees and left 15 degrees. Diagnoses are Herniated nucleus pulposus of the cervical spine; Herniated nucleus pulposus of the lumbar spine. Current requested chiropractic treatment two times per week for 4 weeks for low back pain. The IW is to remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x4 Weeks, Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Provider requested initial trial of 2X4 chiropractic treatment for low back pain. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 2X4 Chiropractic visits are not medically necessary.