

Case Number:	CM15-0164565		
Date Assigned:	09/01/2015	Date of Injury:	01/02/2003
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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:

The injured worker is a 68 year old female, who sustained an industrial injury on 1-2-03. She has reported initial complaints of stumbling at work and twisted the body while on the stairs. The diagnoses have included low back pain, muscle spasm, lumbar degenerative disc disease (DDD) and lumbar radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, lumbar epidural steroid injection (ESI), stimulator, chiropractic and other modalities. Currently, as per the physician progress note dated 8-5-15, the injured worker complains of low back pain that radiates to the left leg and foot. The pain with use of medications is rated 4 out of 10 on pain scale and without medications is rated 6 out of 10. The physician notes that the injured worker goes to work and volunteers and is able to perform her activities of daily living (ADL). The activity level has increased. She also reports that chiropractic has benefitted her in the past. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG) -nerve conduction velocity studies (NCV) of the lower extremities. The current pain medications included Diclofenac, Lidocaine ointment, Omeprazole, Zanaflex, and Lidoderm patch. The objective findings-physical exam of the lumbar spine reveals restricted range of motion with flexion limited to 70 degrees, extension limited to 10 degrees limited by pain, and right and left lateral bending limited to 15 degrees. There is palpable spasm, mild tenderness and tight muscle band noted on both sides. The previous chiropractic sessions were not noted. The physician requested treatment included Chiropractic sessions (low back) 1 time a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions (low back) 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with increased pain in the low back due to increased in activities level. According to the available medical records, the claimant reports functional improvements with previous chiropractic treatment. Although MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, the request for 6 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.