

Case Number:	CM15-0166153		
Date Assigned:	09/10/2015	Date of Injury:	08/25/2011
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 was a 62 year old male, who sustained an industrial injury, August 25, 2011. According to progress note of July 2, 2015, the injured worker's chief complaint was left side neck pain and low back pain with bilateral lower extremity pain. The injured worker's current medications were Tylenol #3 which caused nausea, Zofran for nausea, Flexeril and Gabapentin cream as needed. The pain was described as a burning and aching pain in the left side of the neck. The pain was rated at 7 out of 10. The pain radiated into the right shoulder, which felt like pins and needles. The injured worker reported symptoms in the hands and frequently drops things. The back pain was a burning aching pain which extended across the back. The injured worker reported aching and burning pain. The pain was aching and burning pain in the bilateral knees. The injured worker reported pins and needle feeling in the feet. The physical exam noted decreased range of motion in all planes of the lumbar spine. The sensory exam noted decreased sensation in the L3 dermatome. The injured worker had difficulty rising from a seated position. The straight leg raises were positive on the right a 60 degrees and causing pain in the knee. According to the progress noted of May 18, 2015 the injured worker had tried chiropractic services years ago with moderate benefit. The injured worker was diagnosed with right lumbar radiculopathy, right lumbar facet arthropathy, lumbar myofascial strain, L3-L4 and L4-L5 HPN (herniated nucleus pulposus) with stenosis of the lumbar spine and lumbar spine degenerative disc disease. The injured worker previously received the following treatments Gabapentin, Flexeril, Zofran, Prilosec, Norco, Elavil, Pamelor, LidoPro, Advil, Aleve, epidural steroid injection, home exercise program, lumbar spine MRI on April 8, 2015, chiropractic services and

8 sessions of aquatic therapy with moderate pain relief. The RFA (request for authorization) dated July 2, 2015; the following treatments were requested chiropractic services 2 times a week for 4 weeks for the lumbar spine to help decrease pain and improve ability to function. The UR (utilization review board) denied certification on August 12, 2015, for chiropractic services 2 times a week for 4 weeks was uncertified due the injured worker was diagnosed with, L3-L4 and L4-L5 HPN (herniated nucleus pulposus) with stenosis and lumbar radiculopathy. Therefore the chiropractic services requested were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 4wks Lumbar spine: 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 chronic low back pain. Previous treatments include medications, injections, chiropractic, aquatic therapy, and home exercises program. According to the available medical records, prior chiropractic treatments provide moderate benefits. Although MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, current request for 8 chiropractic visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.