

Case Number:	CM15-0168121		
Date Assigned:	09/08/2015	Date of Injury:	07/04/2012
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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, Minnesota
 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 48 year old male, who sustained an industrial injury on July 4, 2012 resulting in pain or injury to the lumbar spine. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain, lumbar disc displacement, lumbar radiculopathy, and lumbar facet disease. Medical records dated from April 6, 2015, to August 11, 2015, indicate ongoing lumbar low back pain that radiates into the leg and into the feet, with thoracic back pain. Records also indicate the injured worker with significant impairment of activities of daily living (ADLs), with pain interfering with sleep and work. The documentation provided noted the injured worker's work status was permanent and stationary, without indication of the injured worker's current work status. The physical exams, dated April 6, 2015 to August 11, 2015, revealed the injured worker's reported pain from a 6 out of 10 to a 4 out of 10, with bilateral straight leg raise going from negative in April to positive in August. The spine examination is noted to be within normal limits with no paraspinal muscle tenderness or spasms noted. Relevant treatments have included activity modification, anti-inflammatory medications, muscle relaxants, pain medication, physical therapy, chiropractic treatments, ice, heat, trigger point injections, and epidural injections, with the documentation provided noting the injured worker has significant pain that limits his function when only treated with oral medications. The chiropractic treatments and epidural injections were noted to significantly reduce the injured worker's pain level and increase his functional daily activity by over 50% lasting over 2 months. The injured worker's current medications were listed as Gabapentin, Tizanidine HCL, and Tramadol HCL. The documentation provided included a lumbar spine MRI dated March 18,

2014, with the impression of spondylosis, most advanced at L5-S1. An electrodiagnostic study dated November 1, 2012, was noted to be consistent with bilateral L5-S1 radiculopathy. The treating physician indicates that the lumbar MRI showed disc displacement at L5-S1 and facet disease at L5-S1. The request for authorization dated August 14, 2015, shows that outpatient chiropractic sessions for two times a week for three weeks to the low back was requested. The original utilization review dated August 20, 2015, noncertified the request for outpatient chiropractic sessions for two times a week for three weeks to the low back as the documentation submitted for review was absent of any functional gain with the chiropractic care rendered thus far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic sessions, two times a week for three weeks to the low back:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic treatment 2 times per week for 3 weeks or 6 visits to the low back. According to the medical records epidural injections and chiropractic care have decreased the amount of oral medication the patient needs to take for pain which indicates objective functional improvement. Other objective findings like increased ROM and return to work status would be some other important documentation to include in the next report. The request for treatment (6 visits) is according to the above guidelines(6 visits) and therefore the treatment is medically necessary and appropriate. In order to receive more treatment, the doctor must document objective functional improvement as discussed above from these 6 approved visits.