

Case Number:	CM15-0168184		
Date Assigned:	09/08/2015	Date of Injury:	05/20/2014
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
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 44-year-old male, who sustained an industrial injury on 5-20-2014. Diagnoses include thoracic disc protrusion, thoracic sprain and strain lumbar disc protrusion, lumbar myospasm and lumbar radiculopathy. Treatment to date has included conservative measures consisting of diagnostics, medications including NSAIDs and muscle relaxants, surgical consultation, pain management evaluation and treatment, physical therapy (at least 24 visits to date), aquatic therapy, and acupuncture (15 visits to date). Per the Primary Treating Physician's Progress Report dated 7-10-2015, the injured worker reported constant, moderate, 5 out of 10, sharp, upper and mid back pain and intermittent, severe, 9 out of 10, stabbing low back pain and stiffness radiating to the left hip. Objective findings included tenderness to palpation of the thoracic paravertebral muscles with spasm. Flexion of the thoracic spine was 40 degrees. There was mild hyperpronation of the feet and lumbar spine ranges of motion were decreased and painful. There was tenderness to palpation of the lumbar paravertebral muscles with muscle spasm. The plan of care included chiropractic care, pain management follow-up and discontinuation of aquatic therapy per the injured worker. Per the medical records dated 1-30-2015 to 7-10-2015, there has been no documentation of functional improvement or increase in activities of daily living with prior treatments. Utilization Review denied a request for chiropractic (1x4) for the thoracic and lumbar spine on 7-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once a week for four weeks for the spine and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and thoracic spine) 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 1 time per week for 4 weeks for the thoracic and lumbar spine. According to the records, the patient has had a lot of conservative therapy but no documented chiropractic care. The request for treatment (4 visits) is within the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order to receive further treatment the doctor must document objective functional improvement from these 4 approved visits.