

Case Number:	CM15-0168928		
Date Assigned:	09/09/2015	Date of Injury:	07/20/2010
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This 57 year old woman sustained an industrial injury on 7-20-2010. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 11-24-2014, CT scans, electro-myogram and nerve conduction studies, MRIs, and CT discograms of undisclosed body parts. Diagnoses include chronic back pain and lumbar radiculopathy. Treatment has included oral and topical medications, heat, physical therapy, lumbar epidural steroid injections, surgical intervention, aquatic therapy, use of a cane, and TENS unit. Physician notes dated 8-17-2015 show complaints of low back pain rated 5 out of 10, down from 10 out of 10. The worker states she has lost 40 pounds. Physical examination shows an antalgic gait, decreased sensation over the L4 and L5 dermatomes, bilateral Achilles hypo-reflexive, and positive slump test ad Lasegue maneuver on the right. Recommendations include continue weight loss program, chiropractic care, Norco, Prilosec, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 x 4 for the 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: 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 requested chiropractic 2 times per week for 4 weeks or 8 visits. The requested treatment (8 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.