

Case Number:	CM15-0180103		
Date Assigned:	09/22/2015	Date of Injury:	12/18/2000
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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 64 year old male, who sustained an industrial-work injury on 12-18-00. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar Herniated Nucleus Pulposus (HNP), persistent low back pain with lumbosacral radiculitis and left L5 radiculopathy. Medical records dated (1-26-15 to 8-10-15) indicate that the injured worker complains of continued increased low back pain that radiates to the bilateral lower extremities (BLE) with numbness and weakness particularly in the left lower extremity (LLE). He walks with a limp and gets relief with therapy and medication. This has been a problem for the past 15 years with extensive physical therapy in the past. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 8- 10-15, the injured worker has not returned to work. The physical exam dated 8-10-15 reveals positive paraspinal spasm, lumbar tenderness to palpation, positive extension, positive hamstring tightness, and positive pain with increased lumbar range of motion. Treatment to date has included pain medication including Oxycodone, right knee replacement 2010, and physical therapy at least 28 sessions in 2010, at least 20 sessions in 2011 and at least 36 sessions in 2012 to 2013, consultations, diagnostics, and other modalities. The request for authorization date was 8-18-15 and requested service included Chiropractic services with modalities and exercises 2 times a week for 6 weeks for the lumbar and Massage 2 times week for 6 weeks, lumbar. The original Utilization review dated 8-25-15 non-certified the request as the injured worker has had extensive physical therapy and the injured worker should do just as well with a self-directed home exercise program (HEP) at this time per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with modalities and exercises 2 times a week for 6 weeks for the lumbar: 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 with almost 15 years duration. Previous treatments include medications and extensive physical therapy. Reviewed of the available medical records showed the claimant has had some chiropractic treatments recently, total number of visits not documented. However, there is no evidence of objective functional improvements, no changed in physical examination and range of motion, and the claimant remained off work. Based on the guidelines cited, the request for additional 12 chiropractic visits is not medically necessary.

Massage 2 times week for 6 weeks, lumbar: 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): Massage therapy.

Decision rationale: The claimant presented with chronic low back pain with almost 15 years duration. Previous treatments include medications, physical therapy, chiropractic, and massage. Although the total number of previous massage therapy treatments is unknown, there is no evidence of functional improvement documented. Current request for 12 massage therapy sessions also exceeded MTUS guidelines recommendations. Therefore, it is not medically necessary.