

Case Number:	CM15-0180922		
Date Assigned:	09/22/2015	Date of Injury:	12/31/2011
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
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 36 year old female who sustained an industrial injury on 12-31-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar intervertebral disc disorder (IVD) displacement without myelopathy; degeneration of lumbar, lumbar sprain and strain non-allopathic lesions, lumbar, sciatica, and bursitis hip includes tendonitis. According to the progress note dated 08-18-2015, the injured worker reported right sacroiliac (SI), left sacroiliac (SI), sacral, left buttock, left posterior thigh, left posterior knee, left calf and left plantar foot sharp, burning and numbness discomfort. Pain level was 6 out of 10 on a visual analog scale (VAS). Physical examination performed on 06-30-2015 to 08-18-2015 revealed restriction in sacrum, L5 and left pelvis, lumbo-sacral and sacral tenderness and moderate muscle spasm in the left sacroiliac (SI), left buttock, left posterior thigh, left posterior knee, left calf and right sacroiliac. Physical exam also revealed moderated reduced range of motion in the lumbar spine with pain. Medical records did not indicate any significant functional improvement or pain reduction. Treatment to date has included Magnetic Resonance Imaging (MRI) of the lumbar spine on 10-31-2012, pain medications, chiropractic and physiotherapy, physical therapy, injection to her left hip, and periodic follow up visits. The treating physician prescribed services for additional chiropractic spinal manipulation-EMS 2 sessions. The utilization review dated 09-10-2015, non-certified the request for additional chiropractic spinal manipulation-EMS 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic spinal manipulation/EMS 2 sessions: 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 recurrent low back pain despite previous treatments with medications, physical therapy, injections, and chiropractic. Reviewed of the available medical records showed the claimant has completed 24 chiropractic visits to date, however, there is no evidence of objective functional improvements. Based on the guidelines cited, the request for additional chiropractic manipulation visits is not medically necessary.