

Case Number:	CM15-0181266		
Date Assigned:	09/22/2015	Date of Injury:	11/27/2007
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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 male who sustained an industrial injury on November 27, 2007. A primary treating office visit dated December 09, 2014 reported subjective complaint of "persistent low back and left lower extremity symptoms." He is "relatively unchanged since his last visit." He stated his "pain continues to be severe at times." He reports radiation of pain and numbness down left leg to foot. He says he's sleeping about 3-4 hours of interrupted sleep due to pain. There is note of pending authorization for transforaminal epidural injection left L4-5 and additional acupuncture. He has received approval for the spinal cord stimulator, but he is not interested in proceeding with permanent placement, and wishes to discuss the option of additional injections. In addition, he states that he "wishes to wait on a computerized tomography scan and magnetic resonance imaging before proceeding with treatment." There is note of receiving previous transforaminal epidural injection to left L4-5 nerve roots with a "40% pain relief for about two months." Last epidural injection noted February 10, 2013 (most recent injection dated January 23, 2015). Regarding medications, he states taking Ultracet as needed, Neurontin, Flexeril, and capsaicin cream. He states that medications "help decrease his pain by about 25%" and "allows him to increase his walking distance by about 10 minutes." He states, "his activity level increases when he takes the pain medication." The following diagnoses were applied to this visit: post-laminectomy syndrome; status post micro lumbar decompressive surgery, left; chronic low back and left leg pain, and lumbar radiculopathy. The plan of care is noted with recommendation for: continuing with home exercise program; continued recommendation for additional acupuncture therapy treating lumbar spine; hold moving forward

with permanent stimulator placement. Primary follow up dated March 2015 reported the Ultram prescription being increased to administer 37.5mg, Gabapentin also increased to 600mg, and the topical Capsaicin put on hold. Primary follow up dated August 25, 2015 reported previous treatment to include: surgery, spinal cord stimulator trial, various epidural injections, physical therapy, acupuncture, medications and activity modification. At this visit, a request was made for chiropractic rehabilitation therapy without manipulation treating the lumbar spine for 12 sessions that was modified to offer 6 sessions of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic rehabilitative therapy without manipulation to the lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Manual therapy & manipulation, Physical Medicine.

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, acupuncture, injections, psychiatric, surgery, pre, and post surgical physical therapy, and home exercises programs. According to the available medical records, the claimant has had extensive physical therapy and maintained a home exercises program, and his low back condition have not change in recent years. Therefore, the request for additional rehabilitative therapy is not medically necessary.