

Case Number:	CM15-0181866		
Date Assigned:	09/23/2015	Date of Injury:	05/22/2015
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
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 53-year-old male, with a reported date of injury of 05-22-2015. The diagnoses include low back pain, lumbar facet arthropathy, low back strain, possible cauda equina syndrome, insomnia, and diminished mood, anxiety, and poor coping. Treatments and evaluation to date have included Tramadol, Naproxen, Cyclobenzaprine, Tylenol, Norco, Flexeril, Lunesta, and Gabapentin. The diagnostic studies to date have included an MRI of the lumbar spine at 06-22-2015 which showed slight desiccation of the L2-3 disc, minimal bulging of the L3-4 disc, a small canal due to short pedicles at the L4-5 levels, diffuse bulging of L4-5, some mild facet arthrosis, moderate narrowing of the foramen, and mild facet arthrosis at L5- S1. The progress report dated 08-26-2015 indicates that the injured worker presented for flare-up of lumbar spine pain. The pain was rated 10 out of 10 and described as sharp and radiating to the bilateral lower extremities. He reported lower extremity weakness and falls. The injured worker stated that he had difficulty with prolonged standing and sitting. He was unable to stand for 10 minutes or sit for 15 minutes. The objective findings include a normal gait, intact sensation of the bilateral lower extremities, and decreased strength in the bilateral lower extremity. The treating physician states that the "MRI lumbar reveals diffuse bulging of disc with narrowing of bilateral inferior foramen at L4-L5 with no cord compression." The injured worker has been instructed to return to modified work. On 07-28-2015, the injured worker stated that his pain was unchanged. He requested that a chiropractor help him, and noted that Gabapentin had helped to relieve his pain (improved 25%). The treatment plan included chiropractic treatment. The injured

worker was instructed to remain off work. The request for authorization was dated 07-28-2015. The treating physician requested four (4) chiropractic sessions. On 09-03-2015, Utilization Review (UR) non-certified the request for four (4) chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, quantity: 4 sessions: Overturned

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 ongoing low back pain despite previous treatments with medications, physical therapy, and home exercises. According to the available medical records, there is no history of prior chiropractic treatments for this low back injury. Reviewed of the evidences based MTUS guidelines recommended a trial of 6 chiropractic visits over 2 weeks for low back pain, the request for 4 sessions of chiropractic treatments is within the guidelines recommendation. Therefore, it is medically necessary.