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| Case Number: | CM15-0182957 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 06/26/2006 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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, Oriental Medicine

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 35 year old male sustained an industrial injury on 6-26-06. Documentation indicated that the injured worker was receiving treatment for chronic low back pain, lumbar disc displacement without myelopathy, lumbar spine stenosis, anxiety, depression and chronic pain. Previous treatment included physical therapy, chiropractic therapy, massage therapy, epidural steroid injections and medications. In a visit note dated 8-5-15, the injured worker complained of ongoing low back pain with radiation into bilateral lower extremities. The injured worker also reported ongoing depression and anxiety due to pain. The injured worker reported 50% decrease in pain from chiropractic therapy and massage therapy. The physician documented that magnetic resonance imaging lumbar spine (5-29-12) showed L5-S1 persistent 4-5 mm central disc herniation with mild thecal sac effacement potential for bilateral S1 nerve root irritation without evidence of spinal or neural foraminal stenosis. Current medications included Protonix, Viagra, Diclofenac, Prozac and Trazodone. Physical exam was remarkable for lumbar spine with spasm and guarding, flexion 60 degrees and normal bilateral lateral bend, negative straight leg raise and 5 out of 5 lower extremity strength. The treatment plan six sessions of massage therapy and chiropractic therapy and a prescription for Prozac. On 8-21-15, Utilization Review noncertified a request for six sessions of chiropractic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Chiropractic treatment 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: The utilization review document of August 21, 2015 denied the treatment request for six chiropractic treatments to the patient's lumbar spine between the periods of 8/19/2015 10/3/2015 citing CA MTUS chronic treatment guidelines. The patient's past medical history did include prior chiropractic treatment including massage with no reported assessment by the treating provider that documentation of functional improvement arose from the prior treatment. Additionally there was no evidence provided in the request for treatment that the presentation for treatment followed a recent flare or exacerbation. The medical necessity for the requested six sessions of chiropractic treatment was not consistent with the reviewed medical records or in compliance with CA MTUS chronic treatment guidelines.