

Case Number:	CM15-0187694		
Date Assigned:	09/29/2015	Date of Injury:	10/26/1992
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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, Minnesota
 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 54-year-old male who sustained an industrial injury on 10-26-92. Diagnoses are noted as post-lumbar laminectomy syndrome and lumbar strain-sprain. Previous treatment includes surgery, ice, rest, chiropractic, lumbar support, and medication. In a neurosurgery consultation and report dated 7-23-15, the physician notes increasing low back pain that started about 7 months ago. It is noted to have subsided in the past 2 weeks and is rated 2 out of 10 and at its worst as 10 out of 10. Pain is noted to interfere with his ability to exercise and with recreation. The treatment recommendation is periodic chiropractor adjustments and care, counseled on good posture, ergonomics, and regular exercise and lumbar MRI if he has another flare up of low back pain radiating into his lower extremity. In a progress report dated 8-27-15, the physician notes complaints of intermittent slight right lower back pains radiating to the right leg since the prior visit on 7-20-15. Pain was rated 2 out of 10 with an increase to 4 out of 10 in the last 2 weeks with complaint of tingling of the anterior foot and ankle. Physical exam notes tenderness and derangements at L4-L5, a positive straight leg raise on the right, and a listing to the left due to moderate lower back spasms. The treatment plan is four treatments of manual manipulation and physical therapy modalities to include muscle stimulation, ultrasound and mechanical traction twice weekly for two weeks to resolve the current exacerbation. A request for authorization is dated 8-27-15. The requested treatment of chiropractic 2 times a week for 2 weeks for the lumbar spine was denied on 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 2 weeks for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested treatment of Chiropractic 2 times per week for 2 weeks or 4 visits to the lumbar spine. The request for treatment (4 visits) is within the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order for the patient to receive further care, the doctor must document objective functional improvement from these 4 approved visits.