

Case Number:	CM15-0189786		
Date Assigned:	10/12/2015	Date of Injury:	11/06/2014
Decision Date:	12/01/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This 61 year old woman sustained an industrial injury on 11-6-2014. Diagnoses include displacement of lumbar intervertebral disc without myelopathy. Treatment has included oral medications. Physician notes dated 8-7-2015 show complaints of mid and low back pain with weakness and left leg and foot pain with tingling. The worker rates her current pain 6 out of 10 with an average of 7 out of 10 for the past week and a range of 3 out of 10 at best to 10 out of 10 at the worst. The physical examination shows lumbar spine range of motion is noted to be flexion 50 degrees, extension 20 degrees, and bilateral bending 20 degrees. Tenderness is noted to palpation of the bilateral paraspinal muscles and left sciatic notch. Straight leg raise is positive on the left in the seated position at 50 degrees. The bilateral knees show "full range of motion". Strength is normal, diminished sensation is noted in the left L4, L5, and S1 dermatomes of the bilateral lower extremities, and reflexes are normal and symmetric at 1+ out of 4. Recommendations include lumbar epidural steroid injection, continued chiropractic care, TENS unit trial, Neurontin, Diclofenac, Omeprazole, Cyclobenzaprine, and follow up in four weeks. Utilization Review denied requests for lumbar epidural steroid injection, TENS unit trial, Neurontin, Diclofenac (retro), chiropractic care, Omeprazole, and Cyclobenzaprine (retro) on 8-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2 times a week for 5 weeks 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 claimant presented with ongoing low back pain despite previous treatments with medications, acupuncture, physical therapy, and chiropractic. According to the available medical records, the claimant has completed at least 18 chiropractic visits to date. While there is no document of recent flare-up, the request for 10 visits exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.