

Case Number:	CM15-0190005		
Date Assigned:	10/02/2015	Date of Injury:	01/03/2014
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 32 year old female with an industrial injury date of 01-03-2014. Medical record review indicates she is being treated for lower back pain, lumbar radiculopathy and sciatica of the left side. Subjective complaints (08-11-2015) included lower back pain radiating down the left leg. The treating physician indicated chiropractic was making her symptoms manageable "but she is still having 6-8 out of 10 pain". In the 04-07-2015 note, the treating physician documented: "Each session brings about 80% reduction of her pain but her pain is coming back." Physical exam (08-11-2015) findings included a positive straight leg raise in the left lower extremity with decreased sensation in the left sacral 1 and right lumbar distribution. Her medications included Diclofenac, Tramadol, Prednisone and Flexeril (08-17- 2015). Prior treatment included chiropractic treatments (at least 24 treatments), physical therapy, acupuncture and medications. On 09-04-2015 utilization review non-certified the following treatment requests: Weekly chiropractic treatments, quantity: 12 MRI (Magnetic Resonance Imaging) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly chiropractic treatments, quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this injured worker, chiropractic care has already been used as a modality. The records do not indicate that the worker is not able to return to activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of chiropractic therapy. Therefore, the request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the ACOEM, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records. Therefore, the request is not medically necessary.