

Case Number:	CM15-0193065		
Date Assigned:	10/07/2015	Date of Injury:	12/28/1995
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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 64 year old male, who sustained an industrial injury on 12-28-95. The injured worker is being treated for lumbar radiculopathy, low back pain and thoracic or lumbar disc displacement without myelopathy. Treatment to date has included oral medications including Flexeril, Tylenol and Naproxen; topical Lidoderm 5% patches, physical therapy, home exercise program and activity modifications. On 8-18-15, the injured worker complains of pain in lower mid back that is pulling his hips out of alignment and causing increased sciatica symptoms; he rates the pain 8 out of 10 with a lot of trouble sleeping. Disability status is noted to be permanent and stationary. Physical exam performed on 8-18-15 revealed knotted muscle spasm on bilateral paraspinal with restricted range of lumbar spine; and on palpation of paravertebral muscles spasm, tenderness, tight muscle band and trigger point are noted; spinous process tenderness is noted on L2, 3, 4 and L5 with multiple myofascial trigger points noted at bilateral paraspinal. Positive straight leg raise is also noted. Treatment plan included request for 8 chiropractic treatments (which has been requested since previous visit in April 2015). On 9-24-15 request for 8 chiropractic treatments was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic treatments for the lumbar spine, 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: The claimant presented with worsening of low back pain. Previous treatment records are not available for review. According to the available medical records, the claimant had chiropractic treatment previously. However, total number of visits and treatment outcomes are not documented. The request for 8 chiropractic treatments also exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.