

Case Number:	CM15-0193586		
Date Assigned:	10/07/2015	Date of Injury:	09/16/2014
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old, male who sustained a work related injury on 9-16-14. A review of the medical records shows he is being treated for lower back pain with left leg symptoms. Treatments have included 12 sessions of physical therapy and 11 sessions of chiropractic treatment (as of 8-18-15). Current medications include Flexeril, Gabapentin and Relafen. In the progress notes, the injured worker reports he does "notice a decrease in his pain which is increasing his tolerance for walking and standing." He wants to continue this therapy. In the objective findings dated 8-18-15, spasm and guarding noticed in lumbar spine. He has normal lumbar range of motion. Sensation and motor strength in legs are normal. He is working modified duty. The treatment plan includes a request for 12 sessions of chiropractic treatment for the lumbar spine. In the Utilization Review dated 9-2-15, the requested treatment of 12 sessions of chiropractic treatment for the lumbar spine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic treatment for the lumbar spine (2 times 6): Upheld

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

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

Decision rationale: The claimant sustained a work injury in September 2014 when, while working as an electrician, he had low back pain while moving a ladder. In March 2015, he had completed 9 of 12 physical therapy treatments which were discontinued due to a lack of benefit and increased low back pain. When seen, he was having ongoing low back pain with left lower extremity radiating symptoms. He had returned to modified work. There were lumbar spasms with normal lumbar range of motion and a normal neurological examination. Chiropractic treatments were requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation. There is no physical examination findings that would suggest that manipulation would be any more effective than the physical therapy already provided. The request is not medically necessary.