

Case Number:	CM15-0198495		
Date Assigned:	10/13/2015	Date of Injury:	03/17/2015
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female old who sustained an industrial injury on 3-17-15. The diagnosis is noted as chronic low back pain. MRI of the lumbar spine (6-26-15) showed "mild disk desiccation noted at L3-L4 and L4-L5; otherwise normal studies. There is mild facet arthritic changes noted on left side greater than right side at L4-L5 and L5-S1." In a physical medicine and rehabilitation consultation dated 8-26-15, the physician reports pain is more centrally located, higher up in the low back and it goes up and down the entire spine. It is noted that sometimes it gives her headaches and when she is standing and walking, she feels numbness down both lower extremities extending into large toes. Pain is rated at 8-9 out of 10 and with Tylenol #3 her pain goes down to 6 out of 10. It is reported it makes her sleepy and she cannot tell if it is increasing her level of function other than allowing her to walk for about 10 minutes. Current medications are Tylenol #3 and Celebrex. Exam of the lumbar spine reveals flexion reaches 40 degrees, extension 0 degrees, bilateral bending is 20 degrees. There is palpatory pain and tenderness in the mid to lower central spine, pelvic rock and sustained hip flexion is positive. Standing on heel and toes and tandem gait was noted as difficult due to pain. The physician notes chiropractic treatment has worked in the past. Previous treatment includes medication, X-rays and MRI and it is noted that she was not able to tolerate physical therapy and none was recommended. Work status is no lifting over 10 pounds and no frequent bending or stooping. On 9-15-15, the requested treatment of chiropractic treatment 8 visits (2 times a week for 4 weeks) was modified to certify 6 chiropractic treatments (2 times a weeks for 3 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment # 8 visits: Overturned

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 patient presents with pain affecting the low back. The current request is for Chiropractic Treatment # 8 visits. The treating physician report dated 8/26/15 (72B) states, "After receiving chiropractic treatments, her symptoms did resolve." The MTUS guidelines support initial chiropractic treatment of 6 visits and with functional improvement up to 18 visits. The medical reports provided show the patient's most recent chiropractic treatment was in 2012. In this case, the treating physician has documented prior functional improvement with chiropractic treatment and is now requesting treatment for the patient due to a change in her condition. The current request is supported by MTUS and is medically necessary.