

Case Number:	CM15-0199236		
Date Assigned:	10/14/2015	Date of Injury:	12/14/2012
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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 injured worker is a 51-year-old male who reported an industrial injury on 12-14-2012. His diagnoses, and or impressions, were noted to include: lumbar disc protrusions with facet hypertrophy. No magnetic imaging studies of the lumbar spine were noted; x-rays of the lumbar spine were done on 6-16-2015, noting lumbosacral facet joint osteoarthritis and minimal levoscoliosis. His treatments were noted to include orthopedic evaluation with diagnostic testing and treatment. The orthopedic progress notes of 8-17-2015 reported: continued mechanical low back symptoms with no radiculopathy; and a review of the magnetic resonance imaging of the lumbar spine, noting lumbar 4-5 & lumbar 5 - sacral 1 disc desiccation, with left lumbar 4-5 para-central disc protrusions effacing the left nerve root, and facet hypertrophy combined with disc protrusion effacing the right nerve root. The objective findings were noted to include some mild para-spinous muscular tenderness with mild decreased range-of-motion with flexion. The physician's requests for treatment were noted to include that he was a candidate for chiropractic or physical therapy, but that he preferred chiropractic treatments, and for 24 chiropractic visits . No Request for Authorization was noted for 24 chiropractic therapy sessions for lumbar 4-5 disc herniation, and bilateral impingement in the medical records provided. The Utilization Review of 9-16-2015 non-certified the request for 24 chiropractic therapy sessions for lumbar 4-5 disc herniation, and bilateral impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy due to L4-5 Disc Herniation, left and right impingement, quantity 24: 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 presented with chronic low back pain. Previous treatment records are not available for review. According to evidences based MTUS guidelines, a trial of 6 chiropractic over 2 weeks might be recommended for chronic low back pain, total up to 18 visits over 6-8 weeks if there are evidences of objective functional improvement. The request for 24 visits exceeded guidelines recommendation. Therefore, it is not medically necessary.