

Case Number:	CM15-0200098		
Date Assigned:	10/15/2015	Date of Injury:	05/01/2015
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/12/2015

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 47-year-old female who sustained an industrial injury on 5-1-2015. Diagnoses have included lumbar sprain or strain, and lumbar facet syndrome. MRI of 7-7-2015 noted lumbar stenosis, posterior disc protrusion, and moderate bilateral ligamentous thickening-facet arthropathy. Documented treatment 4-27-2015 includes physical therapy and at least 6 chiropractic treatments with no response to treatment noted, light duty, and medication. On 8-4-2015 an orthopedic consultation note documented pain in the low back, bilateral shoulders, arms, knees, lower legs, ankles, and feet with numbness and tingling in hands and feet, and lower extremity weakness. Pain was rated as 7 out of 10. She also reported night pain and stiffness, weakness and lumbar swelling, and that pain was worse with prolonged walking and squatting. An inventory of activities of daily living revealed "some difficulty" with most activities related to personal care, performing light housework, driving, using stairs, and sitting, standing, and rising from a chair. Examination revealed decreased lumbar lordosis, paraspinal tenderness, and decreased lumbar range of motion stated "due to pain." The injured worker has been working with restrictions. The treating physician's plan of care includes 12 chiropractic treatments noted to "alleviate some of her back and neck pain." This was denied on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care to lumbar three (3) times a week for four (4) weeks: 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 treatments include medications, physical therapy, and chiropractic. According to progress report dated 07/21/2015 by the treating doctor, the claimant has completed 6 chiropractic visits, however, her injury got worse and she has been getting more pain, cramp, and numbness. Based on the guidelines cited, the request for additional 12 chiropractic visits is not medically necessary due to no evidences of objective functional improvement with prior chiropractic treatments.