

Case Number:	CM15-0200550		
Date Assigned:	10/15/2015	Date of Injury:	09/27/2010
Decision Date:	12/02/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 48 year old male who sustained an industrial injury on 9-27-10. Diagnoses are noted as lumbar degenerative joint disease and lumbar radiculopathy. Subjective complaints (9-4-15) include lumbar discomfort described as dull, burning, aching, constant pain (rated at 6 with medication and 7-8 out of 10 without medication). Complaint of breakthrough pain is reported. It is noted he had an epidural this week and that would like to try chiropractic treatment. Objective findings (9-4-15) of the lumbar spine include pain and tenderness of the following areas; lumbosacral, upper leg, lower leg, plantar foot and ankle. Muscle spasms are noted in the following areas: lumbar, left sacroiliac, right and left buttock, right and left posterior thigh, right and left posterior knee, right and left calf, right and left ankle, right and left plantar foot, right and left anterior thigh and that he is able to squat but is slow to rise. Work status is that he is retired. Previous treatment includes epidural steroid injections, home exercise, therapy, medication, and ice. On 9-27-15, the requested treatment of chiropractic physical rehabilitation inclusive of massage therapy (lumbar spine) quantity 12 was modified to a quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physical Rehabilitation Inclusive Of Massage Therapy Lumbar Spine #12:
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: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date for this 2010 injury. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic Physical Rehabilitation Inclusive of Massage Therapy Lumbar Spine #12 is not medically necessary and appropriate.