

Case Number:	CM15-0203249		
Date Assigned:	10/21/2015	Date of Injury:	01/08/2015
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/16/2015

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 38-year-old female, with a reported date of injury of 01-08-2015. The diagnoses include lumbosacral radicular syndrome, lumbar discopathy without myelopathy, and spinal enthesopathy. The progress report dated 09-18-2015 indicates that the injured worker continued to have constant low back pain, which was rated 6-7 out of 10, and increased to 8-9 out of 10 with certain activities. It was noted that there was daily, frequent pain and numbness and tingling in the left leg to the foot. The treating physician indicates that the injured worker had been responding slowly to care. The objective findings include decreased lumbar flexion at 40-60 degrees; lumbar extension at 19-25 degrees; straight leg raise on the left at 55 degrees; straight leg raise on the right at 75 degrees; positive hypertonicity and tenderness of the bilateral erectors and quadratus lumborum; and decreased dermatome sensation at the left L5 and S1 regions. It was noted that the day of the visit was the seventh visit of chiropractic care program. The treating physician stated that manipulation and lumbar traction was performed; however, the injured worker performed slowly. The treating physician recommended continued manipulation, and myofascial release therapies to increase the injured worker's function and decreased pain levels. The injured worker has been instructed to remain off work until 10-20-2015. The diagnostic studies to date have included electrodiagnostic study on 05-21-2015 with normal findings. Treatments and evaluation to date have included Hydrocodone, Cyclobenzaprine, Tramadol, and Lidocaine 5% patches. The request for authorization was dated 09-18-2015. The treating physician requested six (6) chiropractic manipulation with myofascial release visits, 1-2 times a week for 4 weeks. On 09-25-2015, Utilization Review (UR) non-certified the request for six (6) additional chiropractic manipulation with myofascial release sessions, 1-2 times a week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic manipulation with myofascial release, 1-2 times weekly for 4 week, lumbar spine, per 9/18/2015 order qty: 8: 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. According to the available medical records, the claimant has completed seven chiropractic visits to date. However, treating chiropractic doctor chart notes report patient not responding well the chiropractic, there is no change in subjective and objective findings. Based on the guidelines cited, the request for additional 8 chiropractic visits is not medically necessary due to lack of objective functional improvements with previous chiropractic treatments.