

Case Number:	CM15-0204244		
Date Assigned:	10/21/2015	Date of Injury:	12/16/2014
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 49 year old male, who sustained an industrial injury on 12-16-14. The injured worker was being treated for lumbosacral radiculopathy, lumbosacral sprain-strain, left hip sprain-strain, possible left hip labrum tear and left S1 lumbosacral radiculopathy. On 5-8-15 and 9-16-15, the injured worker complains of continued low back pain radiating to left leg and left hip. Work status is modified duty. Physical exam performed on 5-8-15 and 9-16-15 revealed decreased lumbosacral range of motion, positive straight leg raising test of left leg, decreased reflex in left ankle joint, light touch sensation is decreased in lateral aspect of lefty leg and antalgic gait with local tenderness to left hip area. Treatment to date has included oral medications including Neurontin, Flexeril and Tylenol #3; and activity modifications. Documentation did not include previous imaging studies. On 9-16-15 request for authorization was submitted for 8 physical therapy visits, 8 massage therapy visits and 8 chiropractic visits. On 10-6-15 request for 8 chiropractic visits was modified to 6 sessions by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 sessions lumbar spine: 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: Review indicates the request for chiropractic care was modified for 6 sessions. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic 2014 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 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 a conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic 8 sessions lumbar spine is not medically necessary and appropriate.