MAXIMUS Federal Services

Case Number:	CM15-0205276		
Date Assigned:	10/22/2015	Date of Injury:	05/14/2011
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: Chiropractic

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 35 year old male, who sustained an industrial-work injury on 5-14-11. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar degenerative disc disease (DDD), and lumbar post laminectomy syndrome. Treatment to date has included pain medication, lumbar surgery, psyche care, cane, spinal cord stimulator implant 3-13-14, home exercise program (HEP) and other modalities. Per the medical record dated 9-17-15, the injured worker has not returned to work. Medical records dated (7-20-15 to 9-17-15) indicate that the injured worker complains of low back and bilateral lower extremities (BLE) pain with bowel and bladder incontinence. He uses Percocet, Elavil, Flomax, Viagra and topical Terocin medications. He is able to tolerate 1-2 hours of sitting, 10-15 minutes standing, and 10 -15 minutes of walking. The pain is rated 7-8 out of 10 on the pain scale and has been unchanged. The spinal cord stimulator has provided relief in the lower extremities but not so in the lower lumbar spine. The physical exam dated 9-17-15 reveals that he walks with a slow antalgic gait, uses a cane, he is overweight, and there is decreased sensation in the L5- S1 distribution bilaterally. The physician indicates that he is requesting 30-day trial of transcutaneous electrical nerve stimulation (TENS) as he continues to have low back pain despite multiple interventions. He also notes that the pain is ongoing for more than 3 months. He is also requesting chiropractic care as he notes that he has not had this treatment in the past. The request for authorization date was 9-17-15 and requested service included initial Chiropractic Care x 8 Sessions (Lumbar Spine). The original Utilization review dated 9-25-15 non-certified the request for Chiropractic Care x 8 Sessions (Lumbar Spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care x 8 Sessions (Lumbar Spine): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Education, Exercise, Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for his lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. I find that the 8 initial chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.