

Case Number:	CM15-0206621		
Date Assigned:	10/23/2015	Date of Injury:	01/16/2013
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
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, Minnesota
 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 37 year old female, who sustained an industrial injury on 1-16-2013. A review of the medical records indicates that the injured worker is undergoing treatment for protrusion L5-S1 with right lumbar radiculopathy. On 8-20-2015, the injured worker reported low back pain with right lower extremity symptoms rated 6 out of 10. The Primary Treating Physician's report dated 8-20-2015, noted the lumbar spine MRI findings from December 2014 reported a decline in condition with increase in the radicular component. The injured worker's current medications were noted to include Hydrocodone, Tramadol, Naproxen, Pantoprazole, Ambien, and Lidoderm patches. The injured worker was noted to deny side effects with medication facilitating significant increase in tolerance to a variety of activity. The physical examination was noted to show lumbar spine tenderness with decreased range of motion (ROM), and positive straight leg raise with decreased lumboparaspinal musculature spasms. Prior treatments have included at least 12 chiropractic treatments noted on 6-4-2015 to facilitate diminution in pain and improved tolerance to activity, range of motion (ROM), and tolerance to standing and walking. A 6-24-2015 chiropractic progress report noted the injured worker reported feeling improvements in her lower back with the overall assessment that the injured worker's status had moderately improved since the previous visit. The treatment plan was noted to include request for additional chiropractic treatments for the lumbar spine, with Duloxetine, Naproxen, Cyclobenzaprine, and Pantoprazole dispensed and Hydrocodone and Ambien prescribed. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 9-10-2015, requested Hydrocodone 7.5mg #60, Retro DOS:

8.20.15 Duloxetine 30mg #60, Retro DOS: 8.20.15 Naproxen 550mg #90, Retro DOS: 8.20.15 Pantoprazole 20mg #90, Retro DOS: 8.20.15 Cyclobenzaprine 7.5mg #90, and additional chiropractic treatments 3 times a week for 4 weeks, lumbar spine. The Utilization Review (UR) dated 9-17-2015, approved the requests for Hydrocodone 7.5mg #60, Retro DOS: 8.20.15 Duloxetine 30mg #60, Retro DOS: 8.20.15 Naproxen 550mg #90, Retro DOS: 8.20.15 Pantoprazole 20mg #90, and Retro DOS: 8.20.15 Cyclobenzaprine 7.5mg #90, and denied the request for additional chiropractic treatments 3 times a week for 4 weeks, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiro 3 times a week for 4 weeks, 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: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic treatment of 3 times per week for 4 weeks or 12 visits for the lumbar spine. According to the records, the patient has had 12 prior chiropractic treatments noted on 6-4-15. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.