

Case Number:	CM15-0207258		
Date Assigned:	10/26/2015	Date of Injury:	11/08/2005
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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 61 year old male who sustained an industrial injury on 11-08-05. A review of the medical records indicates that the worker is undergoing treatment for multilevel lumbar spine herniated discs, lumbar myalgia-myositis, lumbar spine intersegmental dysfunction, inflammation of the sacroiliac joint, and thoracalgia. Subjective complaints (9-14-15) include a flare up of the low back that radiates up the spine; pain is rated at 7 out of 10 and is made better by lying down, medication and rest. Objective findings (9-14-15) include lumbar spine: positive Kemp's on the left and right with localized low back pain during the test, positive Patrick-Fabere test left and right with increased pain, positive straight leg raise (pain at 75 degrees bilaterally), and Sacroiliac: positive Yeoman's and Hibb's tests bilaterally. Lumbar spine range of motion is noted with moderate pain in degrees: flexion 45, extension 10, and lateral right and left 15. Work status is noted as currently working without restrictions. The requested treatment of chiropractic care 6 sessions to the cervical and lumbar spine was non-certified on 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 6 sessions to the cervical and lumbar spine: Overturned

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 (and neck) 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 care 6 sessions to the cervical and lumbar spine. The doctor must document objective functional improvement from these 6 approved visits in order for the patient to receive more treatment. The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate.