

Case Number:	CM15-0209159		
Date Assigned:	10/28/2015	Date of Injury:	04/23/2015
Decision Date:	12/14/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oriental Medicine

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 21 year old male who sustained an industrial injury on April 23, 2015. Medical records indicated that the injured worker was treated for low back pain. His medical diagnoses include lumbar sprain, lumbar strain. In the provider notes dated from July 15, 2015 to September 30, 2015 the injured worker complained of sharp low back pain and weakness with radiation into both shoulders with radiation into his legs and right knee pain. He had numbness and tingling of his legs. He rates his pain 8 on the pain scale. On exam, the documentation stated normal posture and lordosis. There was decreased forward flexion and marked tenderness and spasm with palpation of the lumbar spine. Supine and active straight leg raises were positive. The documentation notes that "x rays of the lumbar spine and thoracic spine (three views) show loss of lumbar lordosis. The MRI report dated August 24, 2015 stated "no evidence of cord compression. No acute fracture. Mild 1 mm right paracentral disc herniation" at lumbar 1 to lumbar 2. The treatment plan is for chiropractic care 2 times a week for 6 weeks, Interferential unit for 30 to 60 day rental and purchase and urine toxicology screen and return to modified work on September 19, 2015. A Request for Authorization was submitted for IF Unit chromatography qual: column analyt nes, cpt description: DME rental of interferential (IF) unit for 30 to 60 days and urine toxicology and outpatient chiropractic therapy to the lumbar spine for 6 sessions. The Utilization Review dated October 7, 2015 denied the request for IF Unit chromatography qual: column analyt nes, cpt description: DME rental of interferential (IF) unit for 30 to 60 days and urine toxicology and outpatient chiropractic therapy to the lumbar spine for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy to the lumbar spine, twice a week for six weeks: 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 evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant did already have a trial of treatments approved. There is no documentation of functional improvement from the authorized chiropractic trial. Therefore, further chiropractic visits are not medically necessary.