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| Case Number: | CM15-0209306 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 09/02/1997 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/15/2015 |
| 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, 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 42 year old male with an industrial injury date of 09-02-1997 - 10-28-2012 (cumulative trauma.) Medical record review indicates he is being treated for lumbar disc protrusions of lumbar 4-5 and lumbar 5-sacral 1, lumbar radiculitis and status post right knee arthroscopy. Subjective complaints (09-24-2015) included low back pain "severe" at times with occasional radiation into the lower extremities. Work status (09-24-2015) is documented as "regular duty." Prior treatment included 7 sessions of acupuncture for low back ("temporary beneficial") and medications. Medications included Relafen, Prevacid, and Ondansetron ODT, Cyclobenzaprine, Tramadol ER, Lunesta, Tylenol # 4, Sumatriptan Succinate tablets, Cymbalta, Norco and Mentherm gel. Objective findings (09-24-2015) are documented as ambulating with a normal gait without a limp. There was "slight" tenderness in the lumbar paravertebral muscles. Flexion was 60 degree, extension was 5 degrees and right and left lateral bending was to 15 degrees with increased low back pain. Prior diagnostics are documented in the 09-24-2015 (by the treating physician) as MRI performed on 09-17-15 showing "4-5 mm disc extrusion at lumbar 4-5 which may impinge on the left lumbar 5 nerve root." There is a 4 mm disc protrusion at lumbar 5-sacral 1 increased since the previous exam, adjacent to but no impinging or displacing the left sacral 1 nerve root. On 10-15-2015 the request for 12 chiropractic-physiotherapy sessions - lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy, lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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/physiotherapy to the lumbar spine for 12 sessions. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.