

Case Number:	CM15-0209950		
Date Assigned:	10/29/2015	Date of Injury:	07/01/2015
Decision Date:	12/17/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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

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-work injury on 7-1-15. A review of the medical records indicates that the injured worker is undergoing treatment for cervical and lumbar strain and sprain, cervical disc degeneration and lumbar spondylosis. Treatment to date has included pain medication, physical therapy at least 8 sessions, home exercise program (HEP) and chiropractic at least 13 sessions to date with subluxations and chiropractic adjustments cervical and lumbar, intersegmental traction to the lumbar region and interferential current to the cervical spine. Per the treating physician report dated 10-8-15 the work status is modified. Medical records dated 10-8-15 indicate that the injured worker complains of constant deep and dull pain in the neck rated 4 out of 10 on the pain scale which has improved from previous visits being 5-7 out of 10. He also complains of constant deep and dull pain in the low back rated 4 out of 10 with numbness and tingling and this has decreased from previous visits being 5-8 out of 10. The neck and low back symptoms can drop to 3 out of 10. He reports improved range of motion in the neck and back. The symptoms increase with prolonged sitting or walking longer than 45 minutes, if he changes activity the symptoms drop to a decreased level. He reports that the neck and back symptoms are 30 percent improved with chiropractic care. The physical exam reveals that the lumbar spine has hypomobility L4 and L5 on palpation, and hypomobility of the cervical region at C3-5. There was also tenderness to palpation. There was mild spasticity in the cervical and lumbar regions. There was tenderness at the bilateral cervical and lumbar paraspinals. The shoulder depression test was positive and the Soto-hall sign was positive. The Kemp test was positive for low back pain and Miligram's test

was positive for low back pain. The lumbar flexion and lateral bending are painful and cervical range of motion is somewhat limited and painful in all planes of motion. The physician indicates that the injured worker can continue to make improvements both subjectively and objectively with another 3 weeks of treatment. The requested service included Chiropractic Manipulation, Electrical Muscle Stimulation and Intersegmental Traction at 2 Times per Week for 3 Weeks, For the Cervical and Lumbar Spine. The original Utilization review dated 10-21-15 non-certified the request for Chiropractic Manipulation, Electrical Muscle Stimulation and Intersegmental Traction at 2 Times per Week for 3 Weeks, For the Cervical and Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation, Electrical Muscle Stimulation And Intersegmental Traction At 2 Times Per Week For 3 Weeks, For The Cervical And Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic neck and low back pain. Previous treatments include medications, physical therapy, chiropractic, and home exercises program. Although MTUS guidelines do not recommend mechanical traction as a treatment for low back pain, the claimant has had at least 13 chiropractic treatment visits with mechanical traction. The request for additional 6 visits also exceeded maximum number of manipulation visits recommended by the guidelines. Therefore, it is not medically necessary.