

Case Number:	CM15-0021708		
Date Assigned:	02/11/2015	Date of Injury:	04/16/2011
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey

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 49-year-old male who reported an injury on 04/16/2011. The mechanism of injury was not provided. The injured worker was noted to have 62 chiropractic treatments and 36 physical therapy treatments. The documentation of 01/14/2015 revealed the injured worker had been attending chiropractic treatment 3 times a week and physical therapy twice a week. The injured worker indicated he had improvement in low back, but continued to experience right posterior hip, posterior thigh, and calf pain and numbness. The injured worker was noted to arise from a seated position without difficulty. The injured worker underwent an MRI of the lumbar spine. The diagnosis included degenerative disc without protrusion at L4-5 and L5-S1, left S1 radiculopathy, and right L4 sensory radiculopathy. The treatment plan included chiropractic care once a week x6 weeks. The documentation of 01/07/2015 revealed the injured worker had recurrent flare-ups. Physical examination revealed the injured worker had a modified Kemp's test for the thoracic spine which caused pain at T4-6. The injured worker had decreased range of motion of the thoracic spine and had hyposensitivity and hypomobility at T4-8. The injured worker had muscle guarding at T4-8. The lumbar range of motion was decreased. The injured worker had a mildly positive Milgram's and Kemp's test bilaterally. The injured worker had a positive Lasegue's at 30 degrees on the right. The injured worker had hypersensitivity from L5 through S1 and bilaterally in the sacroiliac joint and the sciatic notch. The diagnosis included thoracic sprain and lumbar sprain. The treatment plan included chiropractic modalities 12 sessions. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments for the cervical, thoracic, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend manual therapy for chronic pain. Treatment for flare-up requires a need for re-evaluation of prior treatment success. There should be documentation of improvement in function, decreased pain, and improvement in quality of life. The clinical documentation submitted for review indicated the injured worker had undergone multiple sessions of chiropractic care. There was a lack of documentation indicating an improvement in function and an improvement in quality of life. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 12 chiropractic treatments for the cervical, thoracic, and lumbar spine is not medically necessary.