

Case Number:	CM15-0022964		
Date Assigned:	02/12/2015	Date of Injury:	02/11/1997
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 02/11/1997 due to an unspecified mechanism of injury. On 01/21/2015, he presented for a follow-up evaluation reported increased pain in his low back and bilateral lower extremities. It was noted that he had undergone chiropractic therapy with good relief and it was stated that he was able to increase his activities of daily living. His medications included Norco, Flexeril, and naproxen as well as LidoPro cream. A physical examination showed normal gait that was nonantalgic and a well healed lumbar surgical site. The range of motion of the lumbar spine showed flexion of 60 degrees, extension of 10 degrees, right and left lateral bend to 15 degrees, and mild spasms in the lumbar spine. Sensation was diminished in the right L5 dermatome and the bilateral EHL was 4/5. He also had right sided sciatic notch tenderness. He was diagnosed with lumbar radiculopathy, multilevel disc herniations, moderate to severe neural foraminal narrowing, and facet arthropathy of the lumbar spine. The treatment plan was for 8 chiropractic manipulation treatments and 1 pain management consultation. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Manipulation Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

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

Decision rationale: The California MTUS Guidelines recommend chiropractic therapy for a maximum duration of 8 weeks with a frequency of 1 to 2 times per week and then 1 treatment per week after the first 2 weeks. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the chiropractic therapy he has attended. Also, further clarification is needed regarding how many sessions he has completed. Furthermore, the body part that is to receive chiropractic manipulation was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

1 Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic) Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be dependent on a review of the injured worker's signs and symptoms, clinical stability, and reasonable physician judgment. The documentation provided does not show that the injured worker has any significant complaints or any significant examination findings that would support the request for a pain management consultation. Also, a clear rationale was not provided for the medical necessity of this request. Therefore, the request is not supported. As such, the request is not medically necessary.