

Case Number:	CM15-0035569		
Date Assigned:	03/04/2015	Date of Injury:	12/07/2009
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 58-year-old male who sustained an industrial related injury on 12/7/09. The injured worker had complaints of lumbar spine pain that radiated to bilateral lower extremities and bilateral feet with numbness and tingling. Physical examination findings included lumbar flexion to be 40 degrees, extension 10 degrees, right tilt at 20 degrees, and left tilt at 5 degrees. Numbness was noted on the lateral aspect of bilateral legs and big toes. Deep tendon reflexes were within normal limits. Straight leg raising tests were negative bilaterally. Diagnoses included status post right shoulder arthroscopic surgery on 4/13/10, left shoulder sprain/strain and impingement, cervical spine sprain/strain rule out bilateral C6-7 and C7-8 radiculopathy, lumbar spine sprain/strain with bilateral sciatica, right knee sprain, hypertension, umbilical hernia, anxiety, depressed mood, and obesity. The treating physician requested authorization for chiropractic therapy 3x4 for the lumbar spine. On 1/29/15, the request was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had previously attended physical therapy and acupuncture but dates and therapeutic response were not documented. Therefore, the request was modified to a quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic therapy visits for the lumbar spine, 3 times a week times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The 1/29/15 Utilization Review letter states the 12 Chiropractic therapy visits for the L/S requested on the 1/20/15 medical report was modified to allow 6 sessions to be in accordance with MTUS guidelines. According to the 1/20/15 orthopedic report, the patient presents with benefit from a Synvisc injection; umbilical hernia consult was approved; and he complains of 7-8/10 left-sided low back pain. The patient has difficulty with lifting, pushing, pulling, and can only walk short distances. The diagnoses include: status post right shoulder arthroscopy; left shoulder impingement; lumbar sprain with bilateral sciatica; right knee sprain; hypertensive cardiovascular, umbilical hernia and obesity; adjustment disorder with anxiety and depressed mood; and sexual dysfunction. The plan is for chiropractic care 3x4 including QFCE, VsNCT. The request presented for IMR is for 12 chiropractic sessions for the lumbar spine. MTUS Chronic Pain Medical Treatment Guidelines, page 58 section on Manual therapy & manipulation for Low back states: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. MTUS guidelines allow for a trial of chiropractic care, 6 sessions to determine/document efficacy. The request for an initial trial of 12 sessions of chiropractic care exceeds the MTUS guidelines. The request for 12 Chiropractic therapy visits for the L/S IS NOT medically necessary.