

Case Number:	CM15-0038279		
Date Assigned:	03/06/2015	Date of Injury:	07/12/2013
Decision Date:	07/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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 65 year old male, who sustained an industrial injury on 7/12/13. He reported sharp low back pain and numbness in his legs and feet (left greater than right). The injured worker was diagnosed as having lumbar disc degeneration, back muscle spasm, sciatica and lumbar sprain/strain. Treatment to date has included MRI, x-ray, physical therapy, nerve conduction study, chiropractic therapy and heat therapy. Currently, the injured worker complains of persistent pain, weakness and numbness. The injured worker also noted difficulty walking and standing. He reported the pain interferes with his ability to engage in activities of daily living (moderate degree) household chores (moderate degree), write/type (moderate degree) and his sleep pattern. He was diagnosed with a large disc herniation at L5-S1 via MRI. A note dated 7/31/13 stated the injured worker experienced a decrease in pain (3/10) after chiropractic therapy. He also stated he gained relief from heat therapy. The injured worker was not medically cleared for surgical intervention due to his ongoing elevated blood pressure. Documentation dated 8/8/14 states that prolonged sitting causes muscle fatigue and disc compression, which compromises their ability to sustain large loads and creates an increased susceptibility to injury. The note also states on examination there is a decreased range of motion (back, left foot, left hip), weakness (left ankle) difficulty heel and toe walking, hopping and squatting. A request for decompression therapy sessions once a week for 12 weeks for the lumbar spine is sought to alleviate the injured workers pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression therapy sessions 1 time a week for 12 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58, 28-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, pages 58-60.

Decision rationale: MTUS Guidelines supports manual therapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic therapy/manual sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Decompression therapy sessions 1 time a week for 12 weeks for the lumbar spine is not medically necessary and appropriate.