

Case Number:	CM15-0038324		
Date Assigned:	03/09/2015	Date of Injury:	10/26/1992
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
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 54 year old, male patient, who sustained an industrial injury on 10/26/1992. A primary treating office visit dated 01/19/2015 reported subjective complaint of gradual increasing pains of the right lower back for the past three weeks. The pain has become constant, moderate and is associated with tingling and pain that radiates to the right buttock and down to the foot. He is unable to sit or stand for more than 15min. The pain becomes severe upon raising from a lying position. Objective findings showed right sacroiliac edema at L5-S1. Sensory is found ok, Achilles trace on right and there is right peroneal weakness. There a positive Kemp's, Valsalva and a straight leg raise. He is with antalgic gait walking with a limp. The following diagnoses are applied; status post lumbar laminectomy syndrome and lumbar sprain/strain. A request was made for 6 chiropractic sessions treating the lumbar spine. On 02/19/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Manual Therapy & Manipulation, Page 58 was cited. On 03/02/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions for the lumbar spine: Overturned

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

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

Decision rationale: This patient presents with right lower back and buttock pain. The physician is requesting SIX CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE. The RFA was not made available for review. The patient's date of injury is from 10/26/1992, and he's currently on full duty. The MTUS Guidelines on Manual Therapy and Treatments pages 58 and 59 recommend this treatment for chronic pain if caused by musculoskeletal conditions. It is not recommended for the ankle, foot, forearm, wrist and hand and knee. MTUS also states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits for a total of up to 24." MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. The medical records do not show any chiropractic treatment reports. The 01/19/2015 progress report notes that the patient last received chiropractic treatment in November 2014. He recovered from this exacerbation. The patient received a total of six treatments. In this case, given prior efficacy with Chiropractic treatments the requested six additional sessions are appropriate and are within guidelines. The request IS medically necessary.