

Case Number:	CM15-0052634		
Date Assigned:	03/26/2015	Date of Injury:	03/06/1994
Decision Date:	05/14/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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: Chiropractor, Oriental Medicine

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 55 year old male, who sustained an industrial injury on 03/06/1994. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care and medications. Currently, the injured worker complains of constant low back pain with radiating numbness and sharp pain down both legs to the bottom of both feet, and difficulty sleeping due to the pain. The diagnoses include musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc extrusion at L5-S1, disc protrusion at L4-L5, disc bulge at L3-L4, and bilateral L5 and right L4 radiculopathy. The treatment plan consisted of 8 sessions of chiropractic therapy for the lumbar spine, continued medication, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic therapy visits 2x4 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The MTUS guideline recommends manual therapy and manipulation for chronic pain. The patient complained of constant low back pain with radiating numbness and sharp pain down to bottom of both feet. Chiropractic session was requested in the past, however, it is not known if the patient attended therapy. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 6 visits. The provider's request for 8 chiropractic therapy visits to the lumbar spine exceeds the guidelines recommendation and therefore the request is not consistent with the evidence based guidelines. The request is not medically necessary at this time.