

Case Number:	CM15-0053704		
Date Assigned:	03/27/2015	Date of Injury:	11/04/2010
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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

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 35 year old male, who sustained an industrial injury on 11/4/2010. He reported right hand and wrist injury while operating a lawnmower. Diagnoses have included bilateral lumbosacral radiculopathy, myofascial pain syndrome, cervical spine strain and lumbar spine strain. Treatment to date has included epidural steroid injection (ESI), chiropractic treatment and medication. According to the Primary Treating Physician's Progress Report dated 2/4/2015, the injured worker complained of pain in the trapezius area with tension. He complained of increased pain in the back and increased bilateral lower extremity numbness. He also complained of weakness in both arms. Physical exam revealed decreased sensation in feet and positive trigger points. The injured worker was given trigger point injections. Authorization was requested for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment LS 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 68.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, "Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care: Not medically necessary. Recurrences /flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The claimant presented with increased back pain and bilateral lower extremity numbness. While previous chiropractic treatment helped with pain, the current request for 8 visits exceeded evidences based MTUS guidelines recommendation for 1-2 visits every 4-6 months for flare-ups. Therefore, the request for 8 chiropractic treatments is not medically necessary.