

Case Number:	CM15-0060983		
Date Assigned:	04/07/2015	Date of Injury:	02/07/2011
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 79 year old male, who sustained an industrial injury on 2/7/11. The injured worker has complaints of back pain radiating down to both lower extremities. The diagnoses have included lumbar myoligamentous injury with right lower extremity radicular symptoms; cervical myoligamentous injury with right upper extremity radicular symptoms; history of cervical spine fusion in 1965, prior industrial injury and medications-induced gastritis. Treatment to date has included lumbar spine magnetic resonance imaging (MRI) reveals multilevel disc disease including a 4 millimeter disc bulge at L5-S1 with severe bilateral neural foraminal stenosis; epidural steroid injection done 12/4/14 provided excellent pain relief up to 70% to his lower back and 80% to his radicular symptoms in his lower extremity which last a good 4 weeks and was able to cut back on the amount of Ultracet that he took on a daily basis; magnetic resonance imaging (MRI) of the cervical spine and lumbar spine done 7/13/11; Vesicar for urinary urgency which is likely secondary to his lumbar spine. The request was for 8 chiropractic treatments. To decrease spasm, swelling and pain, increase circulation and activities of daily living and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for low back pain with lower extremity radiating symptoms. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.