

Case Number:	CM15-0086160		
Date Assigned:	05/08/2015	Date of Injury:	03/31/2007
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/05/2015

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, Minnesota
 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 66-year-old male, who sustained an industrial injury on 03/31/2007. He has reported injury to the low back. The diagnoses have included post-operative lumbar spine fusion L1 to S1; and posterior spinal fusion with screws and rods. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, home exercise program, and surgical intervention. A progress note from the treating physician, dated 03/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued lumbar spine pain that is sharp, stabbing, improving since the surgery; continuation of numbness and tingling in the lower extremities with weakness; and anxiety and depression. Objective findings included decreased cervical spine and lumbar spine ranges of motion with moderate to severe pain; tenderness to palpation and paraspinal spasm of the cervical and lumbar spine; positive straight leg raising test on the right; gait is antalgic and walks with walker; and mild functional improvement with multiple sessions of physical therapy. The treatment plan has included the request for chiropractic treatment (6 sessions for the lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (6-sessions for the lumbar spine): Upheld

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 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 6 chiropractic treatment sessions over an unspecified period of time for the lumbar spine. The records do not indicate the amount of previous chiropractic care and how the patient responded using objective measurable gains in functional improvement. In addition, the patient has had a surgical fusion from L1-S1, which under most circumstances prevents the patient from receiving manipulation to that area. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.