

Case Number:	CM15-0088575		
Date Assigned:	05/12/2015	Date of Injury:	09/08/2009
Decision Date:	06/18/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/08/2015

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 54-year-old male, with a reported date of injury of 09/08/2009. The diagnoses include traumatic musculoligamentous strain of the lumbar spine, bilateral radicular pain, lumbar disc protrusion, lumbar degenerative disc disease, and lumbar neuritis/radiculitis. Treatments to date have included an MRI of the lumbar spine which showed a 3-4.0 mm disc at L4-5 level and L3-4 level, with facet hypertrophy at L4-5 level; oral medication; and trigger point injection to the lumbar spine. The orthopedic re-evaluation report dated 03/19/2015 indicates that the injured worker continued to have low back pain with intermittent flare-up of symptoms. He rated his pain 8-9 out of 10 without medication. With medication, his pain levels drop down to 4-5 out of 10. It was noted that with medication, the injured worker reported improvement with functionality and his quality of life improved to 5 out of 10 using the American Chronic Pain Association - Quality of Life Scale. Without the medication, he rated his quality of life 3 out of 10. The injured worker denied any side effects with the current medication. The lumbar spine examination showed loss of lordosis, tenderness to palpation over the paraspinal muscles, muscle spasms, decreased range of motion, positive straight leg raise, and slightly decreased sensation over the anterolateral aspect of the calf. The treating physician requested eight additional chiropractic therapy sessions for the lumbar spine. It was noted that the injured worker had not had any type of physical therapy or any chiropractic therapy for over one year, and under his future medical care he should be awarded up to twenty-four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic therapy 1x8 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Manual therapy & manipulation.

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

Decision rationale: The claimant presented with intermittent flare-up of his chronic low back pain. Previous treatments include medications, injections, physical therapy, and chiropractic. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-up of chronic low back pain, the request for 8 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.