

Case Number:	CM14-0218515		
Date Assigned:	01/08/2015	Date of Injury:	08/15/2013
Decision Date:	03/05/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This is a 42 year old male worker who was injured when he stepped on a pallet and it broke, causing him to fall to the floor on his left side. He had pain in his lower back along with ankle pain. The date of injury was August 15, 2013. Diagnoses included lumbar disc protrusion at L4-5, lumbar degenerative disc disease at L4-5 and lumbar stenosis. On November 21, 2013, an MRI revealed moderate to marked left foraminal stenosis secondary to broad-based disc protrusion, facet joint and ligamentum flavum degenerative hypertrophy at L4-5 and mild bilateral foraminal stenosis. On October 27, 2014, the injured worker complained of low back pain rated an 8 on a 1-10 pain scale. He reported the pain is associated with weakness and numbness in the legs along with tingling. He also noted pain radiating to his hips, thighs, knees, ankles, feet and toes. He reported that lifting, pushing, pulling, twisting, bending, walking and sitting aggravate his symptoms. Physical examination of the lumbar spine revealed tenderness to palpation and spasms noted over his paravertebral region. There was also some tenderness noted over the sciatic notch. Straight leg raise was positive on the right. The range of motion was restricted due to pain and spasm. The range of motion of the lumbar spine was listed as flexion 60 degrees, extension 10 degrees and right/left lateral bending 15/15 degrees. Medications and injections were listed as treatment. A request was made for chiropractic therapy 3x4 weeks for the lumbar spine. On December 16, 2014, utilization review modified the request to chiropractic therapy x 6 visits over 2 weeks 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 therapy 3x4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment for lumbar spine pain which was modified to 6 visits by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore MTUS guidelines do not recommend Chiropractic for lumbar spine. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.