

Case Number:	CM15-0000974		
Date Assigned:	01/12/2015	Date of Injury:	12/14/2012
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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

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:

The injured worker is a 36 year old male, who sustained an industrial injury on 12/14/2012 while picking up a 5 gallon bucket. The diagnoses have included cervical and lumbar radiculopathy and chronic low back pain. Treatment to date has included medications, physical therapy, acupuncture and chiropractic and diagnostic imaging including magnetic resonance imaging (MRI) and EMG/NCS. ESI was denied. Currently, the IW complains of low back pain with left leg symptoms. Medication decreases his pain about 50-60% and improves his ability to walk by 15 minutes. He had a Toradol injection that helped to alleviate his symptoms. Objective physical examination revealed diffuse tenderness to palpation of the cervical spine into the midline. He is tender to palpation of midline and left paraspinal region of the lumbar spine. Magnetic resonance imaging (MRI) of the lumbar spine dated 3/5/2013 revealed L5-S1 5mm disc protrusion and MRI of the cervical spine dated 3/21/2013 revealed diffuse cervical spondylosis and mild to moderate neural foraminal stenosis. On 12/08/2014 Utilization Review non-certified a request for chiropractic for the lumbar spine noting the guideline criteria have not been met. The MTUS was cited. On 1/05/2015, the injured worker submitted an application for IMR for review of chiropractic therapy to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine; 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): (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 had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.