

Case Number:	CM15-0015388		
Date Assigned:	02/03/2015	Date of Injury:	05/03/2012
Decision Date:	03/20/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on May 3, 2012. She has reported a pulling sensation in the lower back. The diagnoses have included thoracic/lumbar neuritis/radiculitis, unspecified myalgia and myositis, lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, and lumbago. Treatment to date has included ice, work modifications, x-rays, MRI, electrodiagnostic studies, TENS (transcutaneous electrical nerve stimulation), home exercise program, lumbar epidural steroid injections, physical therapy, and medications including oral and topical pain, proton pump inhibitors, anti-epilepsy, steroid, and muscle relaxants. The records refer to a prior course of chiropractic therapy. On November 10, 2014, the treating physician noted chronic left-sided lumbar pain with radiculopathy. She has bilateral foot and leg pain. The right thigh numbness has improved. The physical exam revealed minimal to no new leg pain with referred pain to the right anterior thigh. There was left paralumbar spine tenderness and tenderness to palpation of the bilateral trochanteric bursa, sacroiliac joints, and left foot. There was back pain with extension greater than flexion, which was consistent with spondylosis. The treatment plan included continuing the home exercise program, repeat physical therapy, and additional chiropractic therapy. On January 19, 2015, the treating physician noted increased lower back pain and only using topical pain medication. The physical exam was unchanged from prior visits. The treatment plan included continuing chiropractic therapy as needed. The claimant had been going to a chiropractor for over a month. On December 19, 2014, Utilization Review non-certified a prescription 12 visits (2 x 6) of chiropractic therapy, noting the lack of documentation of the

total number of chiropractic visits that have been rendered to date, and lack of documentation of significant signs of objective functional improvement along with the patient being involved in an active exercise program. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. The amount of sessions completed and progress notes were no specified. The claimant had also been undergoing physical therapy. As a result additional chiropractor therapy is not justified and not medically necessary