

Case Number:	CM15-0015759		
Date Assigned:	02/03/2015	Date of Injury:	08/01/2013
Decision Date:	03/19/2015	UR Denial Date:	01/13/2015
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: 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 26 year old male who sustained a work related injury on August 1, 2013, after injuring himself carrying and then falling with a heavy tire, suffering back injuries. He was initially treated by [REDACTED] with medical management and Chiropractic care, imaging and LESI injection/s. He complained of low back pain radiating down the leg. Magnetic Resonance Imaging (MRI) revealed lumbar disc protrusions. Diagnoses included lumbar disc displacement without myelopathy, lumbago, neuralgia, and neuritis and radiculitis. A neurological consultation completed on 9/26/14 reported the patient completing Chiropractic care with no improvement in pain in the lower back but increased strength. The patient has completed 15 Chiropractic visits prior to the request of additional care on 1/5/15. Currently, the injured worker complains of continuous lower back pain and decreased range of motion with difficulty in movement. On January 6, 2015, a request for Chiropractic treatment, including therapeutic exercise, electrical stimulation and extension/distraction for the lumbar spine three times per week for four weeks was non-certified by Utilization Review, noting, the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, including therapeutic exercise, electrical stimulation and extension/distraction for the lumbar spine 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

Decision rationale: The injured worker is a 26 year old male who sustained a work related injury on August 1, 2013. Prior to the request for Chiropractic care on 1/5/15 the patient reportedly completed 15 sessions of Chiropractic care and 10 sessions of physical therapy (2013 through 2014). The clinical presentation of chronic lower back and leg pain on 1/5/15 was not accompanied by a medical history of prior Chiropractic care or any recent flare/exacerbation necessitating a return to alternative care. The UR determination of 1/6/15 found no clinical evidence of functional deficits necessitating Chiropractic care or any limitations of the patient in conducting a HEP or self-managed exercise program. The determination to deny additional Chiropractic care was reasonable and appropriate per CAMTUS Chronic Treatment Guidelines.