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| Case Number: | CM15-0016570 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 09/09/2014 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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 43 year old female, who sustained an industrial injury on 9/9/14. She has reported a low back injury. The diagnoses have included lumbar disc herniation with lumbar radiculopathy. Treatment to date has included medications, diagnostics, Home Exercise Program (HEP) and a few sessions of recent physical therapy. Currently, the injured worker complains of low back pain with radiation to lower extremities. She has numbness, tingling with pain in bilateral lower extremities. She rates that pain 6-8/10 in severity. She has tried Home Exercise Program (HEP) without significant benefit. The physical exam is unchanged with limited capacity for bending and stooping. There is tenderness and spasm in the lumbar spine. The straight leg raise is positive on the left and right. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/23/14 revealed severe left and right foraminal narrowing and disc protrusion impinges on exiting L5 nerve root. The nerve conduction studies done on 12/5/14 revealed acute radiculopathy with fibrillation potentials seen in the lumbosacral areas per report. On 1/5/15 Utilization Review non-certified a request for Chiropractic Therapy Two Times a Week for Three Weeks for the Lumbar Spine, noting that the safety of chiropractic manipulation with neurologic deficits and large distributions has not been established. The (ACOEM) Occupational Medicine Practice Guidelines were cited. Per a Pr-2 dated 10/15/2014, the claimant is the same and is on modified duty. He has completed six chiropractic treatments. Per a Pr-2 dated 12/22/2014, the claimant has low back pain radiating to the lower extremities. She has restricted range of motion, positive straight leg raise on the left, and decreased strength in the EHL an dorsiflexion on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Two Times a Week for Three Weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant did already have a trial of treatments with no stated improvement. Therefore further visits are not medically necessary.