

Case Number:	CM15-0111363		
Date Assigned:	06/17/2015	Date of Injury:	10/13/2005
Decision Date:	08/05/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 33 year-old male who sustained an industrial injury on 10/13/05. Current diagnoses include post laminectomy syndrome, lumbar region, and lumbar radiculopathy. Treatments to date include pain/anti-inflammatory/muscle relaxant medication management, home exercise, physical therapy, and TENS for over 6 months. In a progress note dated 12/19/14 the treating physician reports the injured worker failed conservative therapy and continues to have lower back pain radiating down his right leg associated with numbness and tingling. On 02/26/15 spinal cord stimulator trial was completed; leads were removed per injured worker's request. He reports benefit from this treatment with decrease in medication use but it was unsure of its continuation. 03/24/15 the treating provider reports the injured worker has pain to the lower back. Sensory testing of light touch sensation in the right lower extremity, mid-anterior thigh, lateral calves, and lateral ankle are all intact; sensory testing reevaluation 04/28/15 remains unchanged. The injured worker has been working. Treatment recommendation includes orthopedic mattress and chiropractic therapy 2 times a week for 6 weeks. Date of Utilization Review: 05/21/15

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: not medically necessary. Recurrences/flare-ups: need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The claimant presented with ongoing low back pain despite previous treatments with medications, physical therapy, TENS unit, home exercises, and spinal cord stimulation reviewed of the available medical records showed no prior chiropractic treatment records. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, the request for 12 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.