

Case Number:	CM15-0113802		
Date Assigned:	06/22/2015	Date of Injury:	10/15/2013
Decision Date:	08/05/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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 56 year old male, who sustained an industrial injury on 10/15/2013. The injured worker reported that he tripped on a matt and fell landing on his tail bone, twisting his left knee, and injuring his left shoulder blade region. The injured worker was diagnosed with rule out thoracic and lumbar herniated nucleus pulposus. Treatment and diagnostic studies to date has included medication regimen, over 24 sessions of physical therapy, 2 sessions of acupuncture, computed tomography, magnetic resonance imaging, nerve conduction study, and 4 session of chiropractic therapy. In a progress note dated 11/04/2014 the treating physician reports complaints of constant, aching, low back pain; constant pain to the left shoulder with the sensation of pins and needles; and constant, aching left knee pain. Examination reveals a positive Lasegue test on the left, pain with straight leg raise on the left, hypo-reflexes to the patella and Achilles, decreased sensation to the lumbar five dermatome, decreased range of motion to the lumbar spine, decreased range of motion to the thoracic spine, and tenderness to the thoracic left scapular region. The injured worker's pain level is rated an 8 out of 10 to the low back, a 4 out of 10 to the left shoulder, and a 5 out of 10 to the left knee. The treating physician noted that the injured worker has had 4 previous sessions of chiropractic therapy and noted that these sessions did not assist the injured worker. The medical records also did not include documentation noting that the previous sessions of chiropractic therapy provided any functional improvement. The treating physician requested eight sessions of chiropractic treatment for the lumbar spine and tailbone to assist with decreasing the injured worker's pain and to improve the injured worker's ability to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine and tailbone (8 sessions): Upheld

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

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

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, physical therapy, acupuncture, and chiropractic. Reviewed of the available medical records showed the claimant had completed 4 chiropractic previously, with not evidences of objective functional improvement. Based on the guidelines cited, the request for additional 8 sessions of chiropractic treatment is not medically necessary.