

Case Number:	CM15-0116095		
Date Assigned:	06/24/2015	Date of Injury:	09/14/2012
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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 55-year-old male, who sustained an industrial injury on 9/14/12. The injured worker has complaints of lower back, bilateral wrist, bilateral hand and left foot pain. The documentation noted that the lower back pain radiates down both legs and down into the right and left foot, the right one has numbness and tingling and the left foot just has pain in the heel. The documentation of the lumbar spine revealed decreased range of motion and decreased strength and sensation at 4/5 on the right at L4 and L5, but normal at S1 (sacroiliac) and decreased strength at L5 on the left. The documentation noted examination of the bilateral wrists and hands revealed weak grip strength at 4/5, decreased sensation on the right hand at the median and ulnar aspects, and decreased sensation of the left at the median aspect only. The diagnoses have included right carpal tunnel syndrome; left cubital syndrome; left lower extremity lumbar radiculopathy at L5 and chronic lumbar strain with disc herniation. Treatment to date has included Norco; epidural steroid injection; electromyography on 4/23/13 showed left lower extremity lumbar radiculopathy and chiropractic treatments. The request was for chiropractor two times a week for six weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 x 6 for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The claimant presented with chronic pain in the lower back, bilateral wrists, hands, and legs despite previous treatments with medications, injections, physical therapy, H- wave therapy, and chiropractic. Reviewed of the available medical records showed the claimant has had at least 12 chiropractic visits to date with no evidences of objective functional improvements. The claimant continued to be symptomatic, remained off work, and required epidural injection after the chiropractic visits. Based on the guidelines cited, the request for additional chiropractic treatments is not medically necessary.