

Case Number:	CM15-0116174		
Date Assigned:	06/24/2015	Date of Injury:	01/12/2014
Decision Date:	07/23/2015	UR Denial Date:	05/29/2015
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, 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 53 year old male, who sustained an industrial injury on 1/12/14. He reported initial complaints of low back. The injured worker was diagnosed as having lumbosacral joint sprain; aggravated pre-existing lumbar spine discopathy. Treatment to date has included chiropractic therapy. Diagnostics included MRI lumbar spine (3/26/14); EMG/NCV study bilateral lower extremities (6/3/14). Currently, the PR-2 notes dated 5/18/15 indicated the injured worker was seen as an orthopedic re-evaluation in regards to his injury. The injured worker reports that he altered his diet to organic based and notes his pain in the low back becomes moderately elevated. He states that he continues to experience moderate low back pain (6/10 with medications), and this pain radiates through his left leg to the big toe of his left foot. He experiences occasional numbness and tingling sensations in his left calf as well. The physical examination of the lumbar spine documents palpation notes tenderness with myospasms in his left leg. He displays restricted ranges of motion in the lumbosacral region and in the left leg. The provider notes the injured worker is seeing a pain management specialist who has requested he undergo an epidural injection. He was prescribed on this date Tramadol 50mg to reduce severe pain, Naproxen 550mg to reduce inflammation and Omeprazole 20mg to protect his stomach. The provider has also requested chiropractic therapy for the lumbar spine 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 4Wks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & 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 Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination to deny additional Chiropractic care to the patient's lumbar spine was dated 5/29/15 and cited CAMTUS Chronic Treatment Guidelines. The patient's prior medical history of alternative treatment included a prior course of manipulation to the lumbar spine with no documentation that objective evidence of functional improvement was documented. The request for further application of manipulative therapy is not medically necessary or found in the records reviewed or supported by CAMTUS Chronic Treatment Guidelines.