

Case Number:	CM15-0119608		
Date Assigned:	06/30/2015	Date of Injury:	01/20/2004
Decision Date:	07/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female, who sustained an industrial injury on 1/20/04. Initial complaints were noted as low back injury. The injured worker was diagnosed as having displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included chiropractic therapy; medications. Diagnostic studies included an EMG/NCV study of the lower extremity (3/23/15; MRI Lumbar Spine (3/20/15). Currently, the PR-2 notes dated 3/24/15 indicated the injured worker complains of increased pain in her lower back which radiates down the buttocks to both legs. She is unable to stand or sit for prolonged periods and unable to sleep. Objective findings are noted as back lumbar tenderness, partial forward flexion with pain, straight leg raising positive bilaterally with reflexes 2+ bilaterally. A MRI of the lumbar spine was done on 3/20/15 noting mild degenerative disc but no fractures, no soft tissue masses and no stenosis. The provider notes an EMG indicated mild peripheral neuropathy. The treatment plan included a request for Toradol; continue her current medications and an orthopedic consult for evaluation of a lumbar epidural injection. The provider's treatment plan included chiropractic/physio therapy 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic. Decision based on Non-MTUS Citation Official Disability Guidelines/Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. When seen, she was having increasing symptoms. There was lumbar spine tenderness with muscle spasms. She was unable to sit through the examination due to discomfort. The claimant's BMI is nearly 38. Chiropractic treatment was recently provided with 6 sessions as of 03/08/15. Modified work is being continued. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant received 6 treatments in March with case notes referencing 8 treatments in total. Her work restrictions have not changed throughout this treatment period. There is no evidence of functional improvement with the treated recently provided and therefore the request is not medically necessary.