

Case Number:	CM15-0119682		
Date Assigned:	06/30/2015	Date of Injury:	02/07/1997
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
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: 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:

This is a 58-year-old female with a February 7, 1997 date of injury. A progress note dated May 14, 2015 documents subjective complaints (pain in the low back, legs, and feet; back will go out; numbness in leg; foot tingles and falls asleep often; pain rated at a level of 10/10), objective findings (dyskinetic recovery from a seated position; decreased range of motion; positive straight leg raise bilaterally, worse on the right; atrophy in the right thigh; weaker in the right hip; unsteady right single limb stance; sensory deficits in the L4 distribution), and current diagnoses (strain/sprain of the lumbar spine superimposed on degenerative changes and disc bulges, and grade I spondylolisthesis; right lower extremity radiculopathy). Treatments to date have included right total knee arthroplasty, lumbar epidural steroid injection, lumbar facet blocks, medial branch blocks, and medications. The treating physician documented a plan of care that included chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional chiropractic treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 ongoing low back pain despite previous treatments with medications, injections, chiropractic, and acupuncture. Reviewed of the available medical records showed prior chiropractic treatments, however, total number of visits completed and treatment outcomes are not documented. There is no evidences of objective functional improvements and the claimant continued to experience ongoing low back pain that required further injections. Based on the guidelines cited, the request for additional 6 chiropractic treatments is not medically necessary.