

Case Number:	CM15-0126106		
Date Assigned:	07/10/2015	Date of Injury:	09/08/2004
Decision Date:	08/06/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/30/2015

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, Minnesota
 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 63 year old male, who sustained an industrial injury on 9/8/04. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc herniation L5-S1/L4-5. Treatment to date has included chiropractic therapy (24); urine drug screening; medications. Currently, the PR-2 notes dated 5/15/15 indicated the injured worker has gone through a course of chiropractic treatment (24) with documentation of improvements noted by the provider as range of motion of the lumbar spine has increased by 10% with no significant increase in range of motion in the cervical spine. She reports her pain level has reduced by almost 30% since the first day with less myospasm in the lumbar spine muscle mass. On physical examination of the lumbar spine, the motion is restricted and does cause painful symptoms with guarding with motion. Hyperextension of the lower back causes radiation pain into the bilateral buttocks. There is muscle spasm present. Straight leg raise is negative to the left and right in a sitting position as well as supine position. Range of motion of the lumbar spine is reduced by 80% of normal with sensation reduced in the right L5 and bilateral S1 distributions. The provider is requesting authorization of chiropractic therapy 12 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x 12 to The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 12 Chiropractic visits or treatments to the lumbar spine over an unspecified period of time. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.