

Case Number:	CM15-0126895		
Date Assigned:	07/13/2015	Date of Injury:	06/15/2009
Decision Date:	09/28/2015	UR Denial Date:	06/22/2015
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

Certification(s)/Specialty: Chiropractic

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 35-year-old male who sustained an industrial injury on 6-15-09. Diagnoses are discogenic back pain and depression. In a primary physician's progress report dated 5-22-15, the physician notes complaints of constant pain in the lower back traveling to bilateral extremities described as sharp, throbbing, and aching. Pain is rated at 8-9 out of 10, without medication. The injured worker also complains of numbness and tingling in the bilateral lower extremities. He notes the pain is worsening. The right hip is locking. He notes difficulty with sleep due to pain. He notes he is currently taking Ativan for anxiety. Palpation reveals moderate paraspinal tenderness bilaterally. Lumbar spine range of motion is flexion 60 degrees, extension right 20 degrees, left 25 degrees, lateral bending right, and left is 15 degrees. Range of motion is noted to be limited by pain. He has been prescribed a lumbar-sacral orthosis (LSO) brace. Acupuncture treatment was noted as not providing beneficial relief. The aquatic therapy has provided beneficial relief. Consultations requested are chiropractic treatment 2 times a week for 6 weeks, continue aquatic therapy, request a detox program, and request psych therapy. The requested treatment is initial trial of chiropractic therapy, twelve sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy, twelve sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, and Manipulation.

Decision rationale: The patient has not received chiropractic care for his lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks with up to 18 sessions over 6-8 weeks with evidence of objective functional improvement. The patient sustained an injury in 2009 and has not yet received any chiropractic care. It is reasonable at this time that the patient explores this therapy as an option. With 24 sessions of chiropractic care allowed under the new California Workers' Compensation reform regulations I find that the 12 initial chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.