

Case Number:	CM15-0128592		
Date Assigned:	07/15/2015	Date of Injury:	05/14/2010
Decision Date:	08/14/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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 54 year old male, who sustained an industrial injury on 5/01/2010. Diagnoses include lumbar disc syndrome without myelopathy status post fusion (2012), spasm of muscle, radicular neuralgia bilateral legs and myofascitis lumbar spine. Treatment to date has included surgical intervention as well as conservative care consisting of diagnostics, medications including Norco, Vicodin, Ambien, Mirtazapine, Duloxetine, Cyclobenzaprine, Excedrin, and Gabapentin, lumbosacral support, and use of a walker. Per the Primary Treating Physician's Progress Report dated 5/18/2015, the injured worker reported moderate to severe pain in the low back. The pain extends to the groin and both legs. There is weakness of the legs and he is using a walker and lumbosacral support. He experiences erectile dysfunction, anxiety, depression, and loss of sleep. Physical examination revealed decreased ranges of motion with pain in all planes of the dorsal lumbar spine. The plan of care included chiropractic care and follow up with pain management and an orthopedic specialist. Authorization was requested for chiropractic (2x3) 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 2 times a week for 3 weeks for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58 and 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 chiropractic 2 times per week for 3 weeks or 6 visits to the lumbar spine. The request for treatment, (6) is within the above guidelines and therefore the treatment is medically necessary and appropriate.