

Case Number:	CM15-0129883		
Date Assigned:	07/16/2015	Date of Injury:	01/30/2015
Decision Date:	08/13/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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 47 year old male, who sustained an industrial injury on 1/30/15. Initial complaints were of right foot swollen/pain going up to the right hip, neck and back pain increased with duties. The injured worker was diagnosed as having cervical sprain/strain; right foot sprain/strain; lumbosacral sprain/strain; thoracic/lumbosacral neuritis/radiculitis Unspec. Treatment to date has included physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 6/8/15 indicated the injured worker complains of low back pain, right-sided leg pain in sciatic distribution and right foot pain. In regard to the low back pain it is described as sharp and burning and rated at 7-8/10 in intensity. It is located to the right side of the lumbosacral junction, right buttock, and posterior lateral aspect of the right thigh. Hi pain is noted as aggravated by transitioning from seated to standing, bending forward, lifting heavy objects, extended periods of walking and it is minimally relieved with lying supine. His foot pain is not a complaint on this visit. He has difficulty with pain localized to the first MTP described as sharp, 10/10 in intensity and has not had a flare-up in the last three months. There is a question of gout in regard to the right foot pain and swelling. The provider documents a physical examination of the lumbar spine noting an antalgic gait favoring the right side. He uses a cane in his right hand and able to heel/toe walk. He has diffusely tender to palpation throughout the right side of his lumbar paravertebral musculature more on the right side of the lumbosacral junction where spasm is appreciated. He is tender to palpation to the right greater sciatic notch but not the left. He demonstrates 5/5/ strength in the bilateral lower extremities, including iliopsoas,

hamstrings, quadriceps, tibialis anterior, extensor hallucis longus, and gastrosoleus complex. He is sensory intact, L2 through S1 bilaterally. The straight leg test is positive on the right, negative on the left. Achilles and patella reflexes are 2/4 bilaterally. Toes are downgoing with Babinski. The right foot inspection is virtually negative with full range of motion in all planes in the ankle and great toe. The provider is requesting authorization of chiropractic treatment 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation 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 chiropractic treatment times 8 visits over an unknown period of time (records indicate 2x4) to an unknown area of treatment (records indicate possible areas of treatment are the foot, hip, neck and back). The request for treatment (2x4) is not according to the above guidelines (3x2) and prior treatment has apparently not documented objective functional improvement from previous treatment. Therefore, the request for treatment is not medically necessary.