

Case Number:	CM15-0170095		
Date Assigned:	09/10/2015	Date of Injury:	03/15/2013
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/28/2015

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:

The injured worker is a 64 year old male, who sustained an industrial injury on March 15, 2013, resulting in pain or injury to the back. Currently, the injured worker reports knee pain, lumbar pain that radiates to the left groin, with bilateral posterior thigh and calf pain, and left leg sciatic symptoms. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain, history of chondromalacia, right knee arthroscopic repair x2, chondromalacia of the patella, tear of meniscus of knee, and chronic low back pain and radicular complaints, lumbar myofascial pain, L4-L5 disc bulge, trefoil canal stenosis, facet arthropathy, and neural foraminal narrowing, L5-S1 disc bulge, facet arthropathy, and neural foraminal narrowing, and prolapsed lumbar intervertebral disc. The Treating Physician's report dated August 6, 2015, noted the injured worker rated his pain as 3-7 out of 10 at various times. The injured worker rated his back pain as 4-8 out of 10 and the leg pain as 3-9 out of 10. Physical examination was noted to show the injured worker with a fair gait on top of his back pain. An examination of the bilateral knees was noted to show no compression pain or crepitus, with intact range of motion (ROM), and tenderness to palpation at the medial hamstring, sartorius bursa area, and MCL bilaterally. Lumbar inspection was noted to be normal, with slight tenderness along the bilateral paralumbar. The injured worker's work status was noted to be retired. The physical exams, dated August 6, 2015, and August 19, 2015, revealed an increase in the tenderness to palpation noted at L4-L5 and L5-S1. The treating physician indicates that a MRI of the lumbar spine dated August 6, 2013, revealed a disc desiccation at L4-L5, moderate facet arthritis with facet joint effusions and ligamentum flavum buckling, disc desiccation at L5-S1 with minor annular disc tear, mild-moderate facet arthritis bilaterally and mild to moderate

and mid right foraminal narrowing. Prior treatments have included physical therapy, surgeries, and medications including the current medications of Effient, Metformin, Tramadol, Advil, and Atorvastatin for the knee pain and no actual treatment other than medications for the back pain. The request for authorization dated August 6, 2015, requested 12 chiropractic treatments for the lumbosacral spine. The Utilization Review (UR) dated August 25, 2015, modified the request to chiropractic treatment, lower back, per 08-06-2015 order, QTY: 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lower back, quantity: 12 sessions, per 08/06/15 order:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The provider requested 12 treatments. A peer review was performed that resulted in modification of the request to certify 4 treatments. A modification of the request was appropriate and consistent with medical treatment utilization schedule guidelines. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 12 treatments exceed this guideline. There was no evidence of any clinical findings in the submitted documentation to suggest that the claimant is an outlier to the recommended initial trial of 6 treatments per MTUS guidelines. Therefore, I recommend non-certification of the requested 12 chiropractic treatments and therefore is not medically necessary.