

Case Number:	CM15-0171804		
Date Assigned:	09/14/2015	Date of Injury:	04/14/2011
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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 39 year old male who sustained an industrial injury on 04-14-2011. Diagnoses include thoracolumbar chronic pain status post strain and strain, radiculopathy of the lower extremity, cervicgia, anxiety, and depression. A physician progress note dated 07-01-2015 to 07-29-2015 documents the injured worker complains of lower back pain which he rates at 9 ½ out of 10. He has more pain with numbness and a tingling sensation into his hands and feet. He currently is not doing any therapy. Tramadol helps some with pain but he is out of it. His sleep is poor and he reports constipation and an upset stomach. He also has anxiety and depression. A physician progress note dated 07-02-2015 documents the injured worker continues to have significant back pain radiating towards his left leg. His gait is abnormal and he favors his right leg and uses a cane with an antalgic gait. The injured worker presents for evaluation and review of his Magnetic Resonance Imaging. The Magnetic Resonance Imaging done on 06-29-2015 revealed multilevel thoracic disc desiccation as well as L5-S1 degenerative disc disease. There is no significant central canal stenosis; however, foraminal stenosis is seen at the L5-S1 level, left greater than right. The physician documents "I disagreed with the radiologist report in this sense". The physician recommends a L5-S1 anterior lumbar interbody fusion. On 05-07-2015 the injured worker was seen by a neurosurgeon with complaints of worsening lower back pain radiating into his left leg. He walks with a cane and has an obvious limp. He is having increasing neck pain. A progress note dated 04-30-2015 documents the injured worker complains of pain in his neck, mid and lower back. There is tenderness to palpation in the mid and lower

back. Treatment to date has included diagnostic studies, medications, physical therapy, epidural injections, and chiropractic manipulation. A Magnetic Resonance Imaging of the thoracic and lumbar spine revealed multilevel thoracic disc desiccation as well as L5-S1 degenerative disc disease. There is no significant central canal stenosis. A computed tomography of the pelvis performed on 06-29-2015 showed mild degenerative changes without evidence of acute fracture or other abnormality. Currently he is not working. The RFA dated 07- 01-2015 requests Omeprazole 20 mg bid, #60, Colace 100mg bid #60, Norco 5-325mg bid #60, Lyrica 50mg bid #60, and a random urine screen. He is pending a psyche evaluation for cognitive behavioral therapy, and he is to follow up with the spinal surgeon. On 08-05-2015 the Utilization Review modified the request for chiropractic therapy unspecified number of sessions for the thoracic and lumbar spine to 6 chiropractic therapy sessions for the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy unspecified number of sessions for the thoracic and lumbar spine:
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 claimant presented with chronic thoracic and lumbar spine pain. According to the available medical records, the claimant has persistent recurrent pain despite previous treatments with medications, acupuncture, and chiropractic. Total number of chiropractic treatments completed is not known, however, evidences of objective functional improvement are not documented. Based on the guidelines cited, the request for additional chiropractic therapy is not medically necessary.