MAXIMUS Federal Services

Case Number:	CM15-0171811		
Date Assigned:	09/14/2015	Date of Injury:	10/18/2012
Decision Date:	10/14/2015	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, 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 44 year old male who sustained an industrial injury on 10-18-2012. Treatment to date has included medications, chiropractic care, trigger point injections and physical therapy. According to a progress report dated 01-27-2015, the injured worker had gone thru chiropractic treatment with "moderate improvement". He noted less pain compared to previous visit. Pain was rated 4-5 on a scale of 1-10. "He is tolerating his job well". Examination of the lumbar spine demonstrated restricted motion, painful symptoms and guarding with motion. Hyperextension of the lower back caused radiating pain to the right posterior thigh. There was muscle spasm present. There was no abnormal discoloration in the left lower extremity. There was abnormal discoloration in the right lower extremity. Treatment included trigger point injections. He was to remain off work until 4 weeks. According to a progress report dated 07-16- 2015, the injured worker reported increased pain compared to the previous visit. He reported "moderate to severe pain" in the lumbar spine with pain increasing with activities such as lifting, bending and stooping. Examination of the lumbar spine demonstrated restricted motion, painful symptoms and guarding with motion. Hyperextension of the lower back caused radiating pain to the right posterior thigh. There was muscle spasm present. There was no abnormal discoloration in the left lower extremity. There was abnormal discoloration in the right lower extremity. This exam was unchanged from the exam on 01-27-2015. Diagnoses included chronic thoracolumbar myofasciitis, lower extremity radiculitis and discogenic back pain. The provider noted that the injured worker would benefit from 6 sessions of chiropractic treatments to reduce pain and restore function. The provider noted "remain off-work until: 4 weeks."

"Continue working full duty." On 08-05-2015, Utilization Review non-certified the request for 6 chiropractic treatments 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 - 6 treatments for the lumbar spine: Overturned

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: According to the MTUS Chronic Pain Guidelines above, manipulation of the lumbar spine 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 is requesting 6 treatments to the lumbar spine. The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order to receive further treatment for this flare-up the doctor must document objective functional improvement from these initial 6 approved visits.