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| Case Number: | CM15-0173558 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 05/18/2006 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 73 year old, male who sustained a work related injury on 5-18-06. The diagnoses have included contusion of hip and nonallopathic lumbar lesion. Treatments have included oral medications, topical medicated cream, chiropractic treatments and physical therapy. In the progress notes dated 7-27-15, the injured worker reports constant, severe, sharp achy low back pain. He rates this pain a 7-8 out of 10. The pain radiates to the left leg and is associated with numbness and tingling. On physical exam, lumbar range of motion is at 25 degrees, extension is at 5 degrees, left lateral flexion is at 5 degrees and right lateral flexion is at 5 degrees. He has +3 tenderness and spasm noted on the L2-S2 spinal lumbar paravertebral muscles, bilateral sacroiliac joint, and quadratus lumborum. Kemp's sign on both sides causes pain. Braggard's sign is positive on the left for radiating pain. He has hypoesthesia of dermatome testing of spinal levels of left L3-S1. There is no documentation of working status. The treatment plan includes a request for chiropractic treatment. The Utilization Review, dated 8-5-15, chiropractic treatment is non-certified due to lack of documentation of functional improvement resulting from prior chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation, manual therapy, EMS, infrared two (2) times a week for three (3) weeks with outcome assessment x one: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

Decision rationale: With regard to chiropractic treatment, the MTUS CPMTG states: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Per the ODG TWC, a trial of 6 visits over 2 weeks is supported, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. As the request is for treatment over 3 weeks, medical necessity cannot be affirmed, as the guidelines only support a trial of 6 visits over 2 weeks.