

Case Number:	CM15-0173927		
Date Assigned:	09/15/2015	Date of Injury:	09/20/2011
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
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

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 49 year old male, who sustained an industrial injury on 9-20-2011. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy, lumbosacral sprain, lumbar degenerative disc disease and lumbosacral spondylosis without myelopathy. A recent progress report dated 8-10-2015, reported the injured worker complained of low back pain that radiates to the right lower extremity, rated 8-9 out of 10. Physical examination revealed lumbar range of motion: flexion 25 degrees, extension and bilateral lateral flexion 5 degrees. Exam also showed lumbar tenderness and spasm. Treatment to date has included physical therapy and medication management. The physician is requesting evaluation with chiropractic with outcome assessment. On 8-19-2015, the Utilization Review noncertified a request for an evaluation with chiropractic with outcome assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with a Chiropractic (outcome assessments): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Low Back (updated 7/17/2015) Flexibility, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, treatment index 13th edition, 2015, lower back.

Decision rationale: The August 19, 2015 utilization review document denied the prospective treatment request for evaluation with a doctor of chiropractic (outcome assessments) citing ODG treatment guidelines given the CA MTUS does not address the specific treatment request. The treatment request for the range of motion measurements and manual muscle testing as an independent procedure apart from a normal re-examination was cited as the foundation argument for denial. The ODG treatment guidelines do not recommend independent outcome assessments apart from routine musculoskeletal evaluations. The medical necessity for the requested outcome assessment incorporating range of motion studies and muscle testing apart from a routine re-examination is not supported by the reviewed medical records or referenced ODG treatment guidelines. The request is not medically necessary.