

Case Number:	CM15-0176179		
Date Assigned:	09/17/2015	Date of Injury:	08/28/2012
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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 47 year old male who sustained an industrial injury on 08-28-2012. Diagnoses include lumbar back pain, lumbar radiculopathy and lumbar facet arthropathy. Comorbidities include diagnoses of hypertension, and asthma. A physician progress note dated 07-11-2015 documents the injured worker complains of chronic pain rated 4-5 out of 10 on the Visual Analog Scale. He complains of lumbar pain mainly on the left side and includes the left lower extremity. He received some relief from the lumbar epidural steroid injection that addressed the L5-S1 on the left administered on 04-01-2015. It is not quite as good as it was but it made a big difference. It is documented he has seen a chiropractor privately for his hip area and it was helpful. He has essentially stopped using the Norco and Tramadol, which he reported last visit, to see what his baseline was like and in addition the Norco and Tramadol has been denied by his carrier. He is using over the counter Ibuprofen. The injured worker mentions that he does have more pain and less tolerance for walking on uneven ground without the use of Norco and Tramadol. He continues to work full time. On examination he continues with some weakness in the left lower extremity in comparison to the right. Straight leg on the left is positive. On ambulation he does tend to favor the right side. Treatment to date has included diagnostic studies, medications, lumbar facet joint and medial branch blocks, lumbar epidural injection, use of a Transcutaneous Electrical Nerve Stimulation unit, massage, activity modification, and heat and ice. A Magnetic Resonance Imaging of the lumbar spine done on 03-31-2015 revealed L4-5 and L5-S1 there is annular bulging and left paracentral annular tear. There is no disc extrusion, nerve root displacement, canal stenosis or foraminal narrowing. The

Request for Authorization dated 08-17-2015 is for Ibuprofen 800mg two to three times day #90, and 10 chiropractic visits. On 08-24-2015 the Utilization Review modified the requested treatment of outpatient chiropractic therapy for ten visits to outpatient chiropractic therapy for 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic therapy for ten visits: 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 low back pain despite previous treatments with medications, injections, TENS unit, and massages. According to the available medical records, the claimant has prior chiropractic treatments for his hip with good outcomes. Based on the guidelines cited, a trial of 6 chiropractic visits over 2 weeks might be recommended, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks. However, the request for 10 visits exceeded the guidelines recommendation. Therefore, without first demonstrating objective functional improvement with the trial visits, the request for 10 visits is not medically necessary.