

Case Number:	CM15-0176981		
Date Assigned:	09/17/2015	Date of Injury:	06/02/2015
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
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: Physical Medicine & Rehabilitation

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 30 year old male, who sustained an industrial injury on 6-2-15. Medical record indicated the injured worker is undergoing treatment for lumbar (HNP) herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included oral medications including Norco 5-325mg, Flexeril 7.5mg, Naproxen 550mg, Tramadol, Aleve, Tylenol and Aleve; topical Capsaicin cream and 3 sessions of chiropractic treatment which provided minimal relief. (MRI) magnetic resonance imaging of lumbar spine performed on 6-19-15 revealed small right far lateral disc protrusion at L3-4 without nerve root compromise, small broad based right paracentral disc protrusion at L4-5, mild displacement of the thecal sac and small central disc protrusion at L5-S1 without nerve root compromise or stenosis. Currently on 8-4-15, the injured worker complains of low back pain (rated 8.6 out of 10) with spasms in low back, addition to bilateral lower extremities, numbness in bilateral feet with an increase in bilateral leg pain since previous visit of 7-27-15 and groin pain, he also notes a strong pain in the testicles with difficulty walking on uneven grounds. He is currently working full duty. Physical exam performed on 7-27-15 and 8-4-15 revealed decreased sensation in right L5-S1 dermatomes to light touch, decreased sensation in bilateral C6, 7 and 8 dermatomes to light touch, restricted range of motion of lumbar spine and mildly antalgic gait with diffuse tenderness over the lumbar spine and bilateral lumbar paraspinals with spasms noted in the bilateral lumbar paraspinals. The treatment plan included continued request for chiropractic treatment 2 times a week for 4 weeks; continuation of Flexeril 7.5mg, Anaprox 550mg, Capsaicin cream, Norco 5-325mg, urology consult and request for (EMG) Electromyogram-(NCS)Nerve Condition Velocity studies of

upper extremities. On 8-19-15 utilization review non-certified a request for chiropractic sessions 2 times a week for 4 weeks noting ODG and ACOEM recommends chiropractic manipulation with a trial of up to 6 visits; in this case he previously had 3 visits that were noted to make the symptoms worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro sessions 2 times a week for 4 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The patient presents with low back pain radiating down bilateral lower extremities to the sole of the foot. The request is for Chiro sessions 2 times a week for 4 weeks for low back. The request for authorization is dated 08/04/15. X-ray of lumbar spine, 07/27/15, shows mild disc space narrowing L4-L5; mild/moderate disc space narrowing L5-S1; mild retrolisthesis L4-5. MRI of the lumbar spine, 06/19/15, shows small broad-based right paracentral disc protrusion at L4-5; mild displacement of thecal sac; mild foraminal narrowing bilaterally. Physical examination of the spine reveals diffuse tenderness and spasms over the lumbar spine and bilateral lumbar paraspinals. Range of motion is limited due to pain. Decreased sensation in the right L5 and S1 dermatomes to light touch. Decreased sensation in the bilateral C6, C7 and C8 dermatomes to light touch. Positive SLR bilaterally eliciting pain down the legs to the foot. Patient's medications include Flexeril, Anaprox, Capsaicin Cream, and Norco. Per progress report dated 08/04/15, the patient is working full duty. MTUS Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Per progress report dated 08/04/15, treater's reason for the request is "in an attempt to decrease pain and improve range of motion, function, and mobility." Given the patient's current condition and symptoms, Chiro sessions appear reasonable. MTUS allows up to 18 visits with evidence of objective functional improvement with trial visits. Per progress report dated 07/27/15, treater notes, the medical group referred him to a chiropractor and since then he has had a total of three sessions with minimal relief. In this case, it appears the trial sessions of chiro did not provide functional improvement for the patient. Therefore, the request IS NOT medically necessary.