

Case Number:	CM15-0178354		
Date Assigned:	09/18/2015	Date of Injury:	01/08/2015
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/10/2015

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 38 year old female, who sustained an industrial injury on January 08, 2015. The injured worker was diagnosed as having lumbar discogenic myofascial pain, disc protrusion at lumbar four to five and lumbar five to sacral one more than at lumbar three to four, and right leg radicular syndrome rule out radiculopathy. Treatment and diagnostic studies to date has included chiropractic therapy, magnetic resonance imaging of the lumbar spine, medication regimen, and electrodiagnostic study. In a doctor's first report on August 10, 2015 the evaluating chiropractor reports constant low back pain with numbness and tingling to the left leg and foot. Examination performed on August 10, 2015 was revealing for positive Ely's and sacroiliac compression testing on the left, positive Valsalva's testing, and decreased sensation to the left lumbar five and sacroiliac regions. The evaluation on August 10, 2015 did not indicate prior chiropractic therapy, myofascial release, or therapeutic exercises provided. On August 10, 2015 the evaluating chiropractor requested chiropractic manipulation three times weekly for the lumbar spine with a quantity of twelve, myofascial release one to two times weekly for the lumbar spine with a quantity of eight, and therapeutic exercises one to two times weekly for the lumbar spine with a quantity of eight, but did not indicate the specific reasons for the requested treatments. On August 24, 2015 the Utilization Review modified the requests for chiropractic manipulation three times weekly for the lumbar spine with a quantity of twelve, myofascial release one to two times weekly for the lumbar spine with a quantity of eight, and therapeutic exercises one to two times weekly for the lumbar spine with a quantity of eight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, 12-sessions, 3 times weekly for the lumbar spine: 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 utilization review document of 8/24/15 denied the treatment request for chiropractic manipulation, 12 sessions, myofascial release eight sessions and therapeutic exercises eight sessions to manage the patient's lumbar spine residuals citing CA MTUS chronic treatment guidelines. The reviewed medical records reflect the patient completing an epidural injection followed by therapy leaving this request for chiropractic treatment, myofascial release and therapeutic exercises as an initial request for trial of care that per CA MTUS chronic treatment guidelines recommend an initial trial of six visits versus the 12 requested. The reviewed medical records support the initiation of chiropractic manipulation, myofascial release and exercise consistent with CA MTUS treatment guidelines that recommend a trial of six visits for each requested procedure. The requested 12 visits exceeds CA MT US treatment guidelines and is not medically necessary.

Myofascial release, 8-sessions, 1-2 times weekly for the lumbar spine: 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 utilization review document of 8/24/15 denied the treatment request for chiropractic manipulation, 12 sessions, myofascial release eight sessions and therapeutic exercises eight sessions to manage the patient's lumbar spine residuals citing CA MT US chronic treatment guidelines. The reviewed medical records reflect the patient completing an epidural injection followed by therapy leaving this request for chiropractic treatment, myofascial release and therapeutic exercises as an initial request for trial of care that per CA MT US chronic treatment guidelines recommend an initial trial of six visits versus the 12 requested. The reviewed medical records support the initiation of chiropractic manipulation, myofascial release and exercise consistent with CA MT US treatment guidelines that recommend a trial of six visits for each requested procedure. The requested 8 visits exceeds CA MT US treatment guidelines and is not medically necessary.

Therapeutic exercises, 8-sessions, 1-2 times weekly for the lumbar spine: 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): Exercise.

Decision rationale: The utilization review document of 8/24/15 denied the treatment request for chiropractic manipulation, 12 sessions, myofascial release eight sessions and therapeutic exercises eight sessions to manage the patient's lumbar spine residuals citing CA MT US chronic treatment guidelines. The reviewed medical records reflect the patient completing an epidural injection followed by therapy leaving this request for chiropractic treatment, myofascial release and therapeutic exercises as an initial request for trial of care that per CA MT US chronic treatment guidelines recommend an initial trial of six visits versus the 12 requested. The reviewed medical records support the initiation of chiropractic manipulation, myofascial release and exercise consistent with CA MT US treatment guidelines that recommend a trial of six visits for each requested procedure. The requested 8 visits exceeds CA MT US treatment guidelines and is not medically necessary.