

Case Number:	CM15-0179178		
Date Assigned:	09/21/2015	Date of Injury:	06/22/2010
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/11/2015

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: Chiropractic

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 53 year old male, who sustained an industrial injury on 06-22-2010. He has reported subsequent low back pain and was diagnosed with lumbar back pain, thoracic and lumbosacral neuritis and radiculitis and degeneration of lumbar and lumbosacral intervertebral disc. MRI of the lumbar spine showed 3 mm retrolisthesis, 5 mm broad-based protrusion and spondylosis at L5-S1, moderate to severe left L5 foraminal stenosis and 2 mm left lateral bulge in the annulus at L4-L5 with peripheral annular fissure. Treatment to date has included pain medication, a lumbar epidural steroid injection (LESI), surgery, physical therapy, massage and chiropractic care. LESI, Flexeril, Fexmid and Zanaflex were noted to have failed. Massage and chiropractic therapy were noted to have been helpful. In a progress note dated 08-11-2015, the injured worker reported ongoing severe low back pain with frequent back spasms. Pain was rated as 8 out of 10 without medication and 1 out of 10 with medication. Objective examination findings were notable for mild tenderness to palpation of the lumbosacral paraspinal muscles, palpable bands of taut muscle in the lumbosacral area, restricted joint play at the lumbosacral joint line, restricted motion of L4-S1 with mild-moderate tenderness to palpation over the facet joints and a mildly antalgic gait. Work status was documented as permanent and stationary. A request for authorization of a trial of six chiropractic therapy visits over two weeks for the low back was submitted. As per the 09-08-2015 utilization review, a request for chiropractic therapy one time a week for six weeks, lower back, quantity of 6 was modified to certification of chiropractic therapy trial of six visits over two weeks, quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy trial of six visits over two weeks, lower back: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for his lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of chiropractic care, 6 sessions over 2 weeks. The PTP has requested 6 sessions over 6 weeks. The UR department has reviewed the request and approved 6 sessions over 2 weeks per The MTUS and ODG recommendations. The issue in this case is the time over which treatment is to be rendered. I find that the 6 initial chiropractic sessions requested to the lumbar spine over 2 weeks to be medically necessary and appropriate.