

Case Number:	CM15-0179778		
Date Assigned:	09/21/2015	Date of Injury:	08/31/2009
Decision Date:	11/02/2015	UR Denial Date:	08/12/2015
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: 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 59 year old male who sustained an industrial injury on 08-31-2009. The injured worker was diagnosed with herniated nucleus pulposus of the lumbar spine. According to the treating physician's progress report on July 30, 2015, the injured worker completed chiropractic therapy for the lower back which has "helped the lower back pain symptoms". The injured worker rated his pain at 7 out of 10 on the pain scale without medications since medications were not certified. Examination demonstrated tenderness over the mid lumbar spine and bilaterally of the lumbar paraspinal muscles with spasms noted. Active range of motion was documented as 55 degrees flexion, 20 degrees extension and bilateral lateral bending at 20 degrees. Seated straight leg raise was negative bilaterally. Prior treatments documented to date have included recent chiropractic therapy and medications. Current medications on the June 3, 2015 progress report noted Norco and Ibuprofen. A urine drug screening was performed on June 5, 2015. Treatment plan on July 30, 2015 consisted of continuing home exercise program, opioid agreement review with injured worker and the current request for additional chiropractic therapy. The injured worker is Permanent & Stationary (P&S) and not working. On 08-12-2015 the Utilization Review determined the request for chiropractic therapy twice a week for 4 weeks to the lumbar spine was not certified due to lack of evidence of functional improvement from previous chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x4 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 claimant presented with chronic low back pain. Previous treatments include medications and chiropractic. According to the available medical records the claimant has improvements with chiropractic treatments previously, however, total number of visits is undocumented. The claimant recently completed 8 chiropractic visits for his flare-up occurred in April 2015. Based on the guidelines cited, the request for additional 8 chiropractic visits exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.