

Case Number:	CM15-0023893		
Date Assigned:	02/13/2015	Date of Injury:	06/27/2005
Decision Date:	07/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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 52 year old male with an industrial injury dated 06/27/2005. The mechanism of injury is documented as a fall from a ladder resulting in low back, left buttock and proximal leg pain. His diagnoses included left lumbosacral radiculopathy, lumbar 5-sacral 1 disc protrusion and chronic axial low back pain. Prior treatments included chiropractic treatments, physical therapy, spinal injections and medications without improvement. He underwent a total disc replacement at lumbar 5-sacral 1 in 2008. He states he experienced increased back pain after surgery. He was referred to a pain management specialist and went through a pain program. He presents on 11/12/2014 with complaints of persistent pain in low back. He had run out of medications and had to go to the emergency room for more medications. He rated the pain as 7/10. Physical exam revealed mild antalgic gait with paralumbar spasm and lumbosacral tenderness. Straight leg raising remained positive on the left with weakness of core and back extensor muscles. The provider documents functional limitations remain unchanged. Progress note dated 01/12/2015 revealed increased low back pain and spasm in mid back. Function had not changed. Physical exam was unchanged. MRI (dated 01/30/2014) findings are documented in the 01/12/2015 progress note. The formal report is not in the submitted records. Treatment plan included chiropractic therapy times 5 visits and continue with home exercise program and self-care. The treatment was first requested 11/12/2014. The provider noted in the 01/12/2015 there had not been a response to the requested chiropractic treatment and was requesting prompt authorization "given the worsening condition." The requested treatment was for chiropractic manipulation/treatment to the lumbar spine, 5 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation/treatment to the lumbar spine, 5 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 1/29/15 UR determination denied the request for additional Chiropractic care, 5 sessions to the patient lower back. The reviewed medical records from the primary physician and those of prior consulting providers failed to support the medical necessity for continuing manipulative treatment based on a lack of clinical evidence that prior provided treatment lead to any objective evidence of functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The medical necessity for additional care, 5 sessions was not supported by the reviewed records or the CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.