

Case Number:	CM15-0028050		
Date Assigned:	02/20/2015	Date of Injury:	09/24/2014
Decision Date:	07/08/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/17/2015

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 46-year-old male patient who sustained an industrial injury on 09/24/2014. The accident was described as while working as a plumbing technician unwinding a snake cable to unclog a drain he states his back started locking up. The initial report of illness dated 09/24/2014 reported the patient with subjective complaint of having low back pain, which is rated a 10 in intensity and described as sharp, constant worse with movement. Of note, he did have another Workers compensation case 2012 involving the left ankle. The impression noted the patient with lumbosacral strain, and muscle spasm. The plan of care involved the patient being taken off from work duty. He was dispensed Norco 5/325mg, naproxen, and Flexeril. In addition, there was request for physical therapy session and a transcutaneous nerve stimulator unit for home use. He was seen again on 09/26/2014 and reported subjective complaint of being a little better and able to move around a little bit more over the past two days. Objective findings showed tenderness at the paraspinal musculature right side greater. There is spasming on the right side of the low back. He is bent forward slightly. He did undergo radiography study that showed results consistent with spasm. The following diagnoses are applied: lumbosacral sprain, and myospasm. The plan of care noted the patient off work a few more days and to return on modified duty. Physical therapy is still pending authorization. By 10/03/2014, the patient states he is with no improvement. Physical therapy is still pending and he is on light work duty, but the employer is unable to accommodate modified work duty. Objective findings showed tenderness at the paraspinal musculature on the right side about L5-S1. There is also tenderness to the buttock as well as the sacroiliac joint on the right side. The following diagnoses are applied: sacroiliac joint sprain/strain; possible right sciatica; sprain lumbosacral, and myospasm. The plan of care involved the patient remaining on light work duty. The Norco 10/325mg was refilled and he is to follow up in one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for 6 visits in 4 weeks for the lumbar spine (E&M, EMS, IR, ice/heat, manual therapy, NRE, therex and ADL instruction): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care & Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care & Not medically necessary. Recurrences/ flare-ups & Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with complaints of low back pain. Previous treatments include medications, physical therapy, TENS unit, chiropractic, and home exercises programs. According to the available medical records, the claimant has completed 6 chiropractic visits with 25% improvement in symptoms and increased functional capacity, Oswestry low back pain improved from 60/100 to 48/100. Based on the guidelines cited, the request for additional 6 chiropractic visits is appropriate and medically necessary because claimant showed functional improvement.