

Case Number:	CM15-0046522		
Date Assigned:	03/17/2015	Date of Injury:	03/05/2013
Decision Date:	05/27/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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 61 year old male, who sustained an industrial injury on 3/05/2013. Diagnoses include spondylolisthesis lumbosacral region, sacroiliac sprain/strain, lumbar myofascial sprain/strain and lumbar spinal stenosis. Treatment to date has included medications, home exercise, ice and heat application, diagnostics and pain management evaluation. Per the Worker's Compensation Reevaluation Report dated 2/09/2015, the injured worker reported increased numbness in both upper extremities. Physical examination revealed paravertebral tenderness and a positive Spurling's test. There was diminished sensation at the level of C5 and C6 bilaterally. He had an antalgic gait. Examination of the lumbar spine revealed tenderness over the coccyx. Supine and sitting straight leg raise tests were positive. Lasegue was positive. The plan of care included spine specialist consultation, neurology consultation, rigid lumbar corset and chiropractic treatment. Authorization was requested for 18 initial chiropractic treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments, two to three times a week for four to six weeks for the lumbar spine, 18 total: 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 Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: It appears that this is a request for an initial chiropractic trial. Evidenced based guidelines recommend a trial of chiropractic. However, a request for 18 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further chiropractic may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of prior chiropractic. Also the duration and total amount of visits completed should be submitted. Therefore eighteen sessions of chiropractic are not medically necessary.