

Case Number:	CM15-0094100		
Date Assigned:	05/20/2015	Date of Injury:	01/30/2012
Decision Date:	06/26/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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 56-year-old male, who sustained an industrial/work injury on 1/30/12. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having cervical strain, lumbosacral strain, degenerative joint disease of right shoulder, rotator cuff tear of right shoulder. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, heat and cold modalities, and chiropractic sessions (6). MRI results were reported on 2/27/15 note L3-4 right foraminal extrusion measuring 3 mm, L4-5 broad based disc bulge measuring 3 mm, L5-S1 right central protrusion measuring 2 mm. Currently, the injured worker complains of low back pain rated 3-7/10 associated with left sided numbness and tingling back of leg to bottom of foot. There was also neck stiffness and spasm. Per the primary physician's progress report (PR-2) on 4/27/15, examination revealed normal range of motion in all planes with tenderness, positive straight leg raise, 2+ Achilles and patellar reflexes. The requested treatments include additional Chiropractic visits for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Care for the Low Back (8-sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: 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. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. In this case, the claimant presented with chronic low back pain despite previous treatments with medications, TENS unit, physical therapy, home exercise, and chiropractic. Reviewed of the available medical records showed the claimant recently completed six chiropractic visits, however, there is no evidence of objective functional improvements. The claimant's subjective and objective findings are unchanged. Based on the guidelines cited, the request is not medically necessary.