

Case Number:	CM15-0094514		
Date Assigned:	05/20/2015	Date of Injury:	03/04/2010
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
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, Minnesota
 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 42 year old male, who sustained an industrial/work injury on 3/4/10. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar spinal stenosis, lumbar degenerative disc disease, and sprain of the lumbar region. Treatment to date has included medication, diagnostics, lumbar steroid injection, and chiropractic care. CT Scan results were reported on 8/25/11 revealed postoperative changes at the L4-5 level consistent with laminectomy, foraminal narrowing, and right foraminal disc herniation at L3-4 causing right foraminal stenosis and mass effect upon exiting right L3 nerve root. Bilateral electromyography and nerve conduction velocity test (EMG/NCV) was performed to reveal chronic S1 radiculitis. Currently, the injured worker complains of low back pain with aching and numbness in the posterior thigh and aching in buttocks and calf. Per the primary physician's progress report (PR-2) on 4/24/15, examination revealed sensation decreased to left L5 dermatome, no clonus or increased tone, sacroiliac joints are very tender to touch, L>R, Patrick's sign and Gaensien's maneuver is positive on the left and right (L>R), pelvic shear and decompression testing suggestive of bilateral S1 joints, (L>R) as pain generators, positive straight leg raise on the left leg to the calf, limp with toe walk and difficulty keeping forefoot off the floor on left. The requested treatments include Chiropractic therapy sessions for the lumbar spine (6 sessions, 1-2 times per week for 4-6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy sessions for the lumbar spine (6 sessions, 1-2 times per week for 4-6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The total number of visits used so far for this flare-up is not clear and how the patient responded to that care using objective functional improvement is not documented. The doctor has requested 6 sessions of chiropractic care 1-2 times per week for 4-6 weeks to the lumbar spine. This request for treatment is not according to the above guidelines and therefore the request is not medically necessary. The request appears to be more of maintenance care.