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| Case Number: | CM15-0097610 | | |
| Date Assigned: | 05/29/2015 | Date of Injury: | 05/05/2000 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

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: Chiropractic

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 35-year-old female, who sustained an industrial injury on 5/5/2000. The current diagnoses are bulging lumbar disc, lumbar facet arthropathy, status post back surgery times 3 (2002), and post laminectomy syndrome. According to the progress report dated 4/20/2015, the injured worker complains of severe low back pain with radiation to bilateral lower extremities, right worse than left. The level of pain is not rated. The current medications are Ibuprofen, Tylenol, Melatonin, and Capsaicin cream. Treatment to date has included medication management, physical therapy, epidural steroid injection (some pain relief), and surgical intervention. The plan of care includes an initial trial of 10 chiropractic sessions to the lumbar spine. The UR reviewer has modified the request and approved an initial trial of 6 sessions to 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 1 x week for 10 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter.

Decision rationale: The patient has not received chiropractic care for this 2002 lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of chiropractic care for the lumbar spine, 6 sessions over 2 weeks with additional sessions up to 18 sessions with evidence of objective functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." The PTP has requested 10 initial sessions. The requested number of sessions far exceeds the MTUS recommended number. Therefore, the request for 10 initial chiropractic sessions requested to the lumbar spine is not medically necessary.