

Case Number:	CM15-0099337		
Date Assigned:	06/01/2015	Date of Injury:	11/01/2003
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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 (IW) is a 71-year-old male who sustained an industrial injury on 11/01/2003. The original report of injury is not in the medical records provided. The injured worker's diagnoses include herniated nucleus pulposus L 4-L5 with stenosis; degenerative disc disease with retrolisthesis T12-L5; neural foraminal narrowing L3-4, L4-5 and L5-S1; cervical radiculopathy; generalized sensory greater than motor demyelinating polyneuropathy mild to moderate; bilateral shoulder impingement syndrome; and bilateral subacromial bursitis. Treatment to date has included lumbar epidural steroid injections, which decreased his pain about 50% for about 2-3 months; repeat cervical epidural steroid injection which decreased his pain about 50% for 2 months; 10 visit of physical therapy that increased his pain; and 2 visits of acupuncture with temporary mild relief. He has had no chiropractic treatment, lumbar injections, or surgery for the neck or back. Currently, the injured worker complains of neck and back pain. The patient reported neck pain that was rated a 9/10. With low back pain rated 10/10 and stabbing pain in the lower back and in the groin with numbness that traveled down both legs to the feet bilaterally. He also complained of increased muscle cramps in both of the calves. Upper extremity sensation was intact. His gait is antalgic and he uses a cane. Range of motion of the cervical and lumbar spine is moderately decreased in all planes. The treatment plan included a CT discogram for the lumbar spine and transcutaneous electrical nerve stimulation (TENS) unit, and a request for authorization for Chiropractic 8 visits for neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 visits: 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 The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Page(s): 58.

Decision rationale: The medical necessity for the requested 8 chiropractic treatments for the neck and back was not established. The provider submitted a request for an initial trial of 8 chiropractic treatments. Upon peer review the provider was appropriately authorized 6 of the requested 8 treatments. This recommendation is consistent with medical treatment utilization schedule guidelines. A clinical trial of 6 chiropractic treatments is appropriate. Given that the requested 8 treatments exceed MTUS guidelines I recommend non-certification of the requested 8 chiropractic treatments.