

Case Number:	CM13-0029562		
Date Assigned:	11/01/2013	Date of Injury:	04/12/2008
Decision Date:	01/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old male claimant sustained a work injury on 4/12/08, which resulted in a back injury. He underwent an L5 hemilaminotomy, as well as L5-S1 decompression. He has received spinal epidural steroid injections in May and August of 2013. Electromyogram (EMG) and Nerve Conduction Velocity (NCV) studies in January 2013 were unremarkable. He has received chiropractic therapy since at least February 2013. A recent report on 8/28/13 noted ongoing back pain with 100% relief for two days. Pain was returning to 7/10 gradually. A chiropractic recommendation was made for twice a week for three weeks. This has provided 30% pain relief and kept the claimant functional at home on a TENS unit. He was also switched from opioids to a Butrans patch for pain at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six sessions of chiropractic therapy: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For low back pain, therapeutic care is recommended for six visits over two weeks with functional improvement up to a maximum of 18 visits over eight weeks. In this case, the claimant has been receiving treatment for over six months. Currently he has reached a stable level of benefit. For maintenance care (as is suggested in the request), it is not medically necessary according to the guidelines.