

Case Number:	CM13-0030500		
Date Assigned:	11/27/2013	Date of Injury:	01/20/1984
Decision Date:	02/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Chiropractic, 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 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/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:

According to the available medical records, this is a 68 year old male patient with chronic low back pain, date of injury 01/20/1984. Previous treatments include chiropractic and physiotherapy. There are no medical records associated with this request for 4 spinal manipulative therapy sessions. The most recent progress report dated 07/18/2008 by [REDACTED] revealed episode of increased intensity of lower back pain; exam noted L4-5 disc degeneration, L5/S1 facetral imbrication, lumbar paraspinal muscle hypertonicity; diagnoses lumbar radiculitis and myofascitis; [REDACTED] was treated with spinal manipulative therapy and myofascial release, he continues to perform his rehabilitative exercises and will be reevaluated upon return.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 spinal manipulative therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: 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. There are no records that document recent flares-up and functional impairment to recommend manipulative therapy. Therefore, the request for 4 spinal manipulative therapy sessions is NOT medically necessary.