

Case Number:	CM14-0006162		
Date Assigned:	03/03/2014	Date of Injury:	06/15/2011
Decision Date:	08/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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:

The injured worker is a male with date of injury 6/15/2011. Per primary treating physician follow up consultation dated 12/10/2013, the injured worker continues to have thoracic and lumbar pain. On examination, he demonstrates persistent thoracic and lumbar tenderness. He has some limitation of range of motion of the lumbar spine with negative straight leg raising. Diagnoses include 1) T11-12 midline disc protrusion 2) lumbar degenerative disc disease 3) T4-5 level 2 mm right paracentral disc extrusion 4) T7-8 4 mm right paracentral disc extrusion with extruded disc material extending superiorly and inferiorly.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO 12 VISITS, LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended

goal or effect 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare-ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months are reasonable. The claims administrator notes that the injured worker has received 8 sessions of chiropractic care recently with a request for additional chiropractic care non-certified. There is no documentation of increased function or reduced pain from these chiropractic visits, and the injured worker is reported to have continued pain. There is no indication that additional chiropractic visits would be beneficial. The request for 12 chiropractic visits, in treatment of the lumbar is determined to not be medically necessary.