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| Case Number: | CM14-0103527 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 02/07/1997 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 a licensed Chiropractor, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington and New Mexico. 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 57 year old individual with an original date of injury of 2/7/97. The patient had right total knee replacement 3/9/09. The patient has been treated with spinal injections, medications, acupuncture and chiropractic treatment, but this was not helpful in relieving the patient's symptoms. The injured worker has previously undergone an unknown quantity of chiropractic treatments. There is no documentation of objective, functional improvement from this prior treatment. The disputed issue is a request for 6 additional chiropractic directed non-surgical spinal decompression treatments for the low back, with sessions 1 times a week for 6 weeks. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the ACOEM/CA MTUS. The Guidelines do not recommend spinal decompression treatment because it has not proven effective for lasting relief of back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic directed non-surgical spinal decompression, 1 x 6 weeks, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation <https://www.acornpracoguides.org/LowBack>; Table 2, Summary of Recommendations Clinical Evidence; BMJ Publishing Group, Ltd; London, England: www.clinicalevidence.com; Section:

Musculoskeletal Disorders; Condition: Herniated Lumbar Disc Clinical Evidence; BMJ Publishing Group, Ltd; London, England: www.clinicalevidence.com; Section: Musculoskeletal Disorders; Condition: Low Back Pain (acute).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATIONS Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no documented objective, functional improvement noted from prior chiropractic treatment. Chiropractic non-surgical spinal decompression is not recommended by the ACOEM, CA MTUS Guidelines. The request for 6 additional chiropractic directed non-surgical spinal decompression treatments for the low back, with sessions 1 times a week for 6 weeks is not medically necessary.