

Case Number:	CM14-0016011		
Date Assigned:	06/11/2014	Date of Injury:	12/12/1988
Decision Date:	07/31/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Chiropractic Medicine and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 12/12/1988 due to an unknown mechanism. The injured worker had complaints of low back pain with spasms and loss of mobility, which was interfering with work and activities of daily living. The injured worker also complained that the pain was constant and worse with range of motion. The physical examination dated 01/06/2014 revealed palpable tenderness at L3 and L5 with paraspinal spasms bilaterally. The injured worker stated the pain level to be a 10. Range of motion was reduced to 50%. The report submitted for review is very difficult to read. The injured worker has had chiropractic sessions in the past and stated that he had great success. The injured worker was given a home exercise program to help with function. Medications for the injured worker were not reported. The diagnoses were "acute exacerbation lumbar facet" and lumbar spasm. The rationale for the request was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

11 CHIROPRACTIC TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. The guidelines also state that for recurrences or flare ups, the injured worker needs to be re-evaluated, and the treatment success needs to be re-evaluated. If there is return to work achieved, then 1 to 2 visits every 4 to 6 months. The injured worker stated that he had had previous chiropractic sessions with great success. The documents submitted for review did not have reports from the previous chiropractic treatments with objective measurable gains or functional improvement reported. Current medications and past and failed medications were not submitted. There were no reports of trials of analgesics, NSAIDs or other conservative therapies. Therefore, the request for eleven chiropractic treatments are not medically necessary.