

Case Number:	CM14-0017254		
Date Assigned:	04/14/2014	Date of Injury:	08/13/2010
Decision Date:	05/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 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 59-year-old male who reported an injury on 08/13/2010. The diagnoses include low back pain and lumbar disc degeneration. The mechanism of injury was a trip and fall backwards, landing on his back. The documentation of 01/23/2014 revealed that the injured worker had chronic low back pain and was treated with physical therapy, a psychological evaluation, caudal injections, medications and chiropractic adjustments. The injured worker indicated that he felt much less sore with chiropractic treatment and much looser. The injured worker indicated that he could tolerate sitting better, and walking was better. The injured worker appeared stiff with station-to-station transfers and per the physican it was indicated that the injured worker was not as stiff with the transfers. Treatment included Norco and Relafen, a urine drug test, a psychological evaluation, chiropractic treatment and follow-up. It was opined that the chiropractic treatment would aid in minimizing the injured worker's symptoms and decrease medication use and improve his ability in functioning for day-to-day activities. As such, the request was made for 8 chiropractic visits, 1 every 2 weeks, to cover a broader timeframe than 8 visits in a 1 month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS FOR THE LOW BACK, QTY 8 (ONE VISIT EVERY TWO WEEKS): Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The California Chronic Pain Medical Treatment Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if it is caused by musculoskeletal conditions. Treatments for flare ups require a need for re-evaluation of prior treatment success. The clinical documentation submitted for review indicated that the injured worker had previously utilizing chiropractic treatments and found them beneficial. However, there was a lack of documentation of objective functional improvement from prior sessions and the number of prior sessions that were attended. The injured worker appeared stiff with station-to-station transfers and per the physicain it was indicated that the injured worker was not as stiff with the transfers. There was a lack of documentation of an objective physical examination. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for chiropractic sessions for the low back (Quantity: 8.00) with 1 visit every 2 weeks is not medically necessary and appropriate.