

Case Number:	CM14-0169886		
Date Assigned:	10/20/2014	Date of Injury:	03/02/2001
Decision Date:	11/20/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Chiropractic Sports Physician, 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 57-year-old male who was injured on 3/02/2001 with only statement that it was a serious injury that caused a large extruded fragmented disc lesion (no level given) that was not completely repaired with surgery leaving some small fragmentation around the nerve as well as a significant amount of scar tissue remaining. The doctor states that chiropractic treatment restores the patients ROM, reduces pain, and allows greater ability to perform ADL's. Patient continues to work and performs daily home exercises. However, there is no documentation through exams to verify improved ROM, or Oswestery- like forms to show ADL improvement. This flare-up around 9/26/14 was caused by a long drive. Previous flare-up was in May 2014, which he received approximately 4 chiropractic sessions. Amount of treatment since 2001 and how the patient responded to the care has not been given in the documents. The diagnosis is Lumbar strain/sprain, Thoracic neuritis, and sciatica. Apparently, the past treatment has consisted of Medication, lumbar surgery, chiropractic care, physical therapy, and myofascial release. No diagnostic studies were available for review to include x-rays, MRI'S, and NCV/EMG studies. The doctor has requested 5 chiropractic sessions to include manipulation, trigger point therapy, and myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 sessions of Chiropractic Treatment to include Spinal Manipulation, Trigger Point Therapy, and Myofascial Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, the doctor must document objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition, the amount of previous chiropractic care and how the patient has responded has not been fully documented. Therefore, the requested treatment is not medically necessary.