

Case Number:	CM14-0172071		
Date Assigned:	10/23/2014	Date of Injury:	12/19/2008
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Acupuncture 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 60 year old male who reported low back pain from injury sustained on 12/19/08. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with lumbago, lumbar disc protrusion, lumbosacral sprain/strain and rule out lumbar radiculitis vs. radiculopathy. Patient has been treated with medication, physical therapy, epidural injections, acupuncture and 14 chiropractic sessions. Per medical notes dated 07/29/14, patient complains of frequent mild achy, burning low back pain, with numbness, tingling and weakness. Overall he is feeling better. Chiropractic is helping. Pain still radiates to the feet. Chiropractic helps to keep him working. Examination revealed decreased range of motion, tenderness to palpation to bilateral gluteus, coccyx, lumbar paravertebral muscles and sacrum. Per medical notes dated 09/04/14, patient complains of mild dull, burning low back pain with numbness and tingling. He has relief from medication, physical therapy, chiropractic and cream. Chiropractic therapy helping a lot- taking less medication and moving around more and also is having less leg pain. Provider requested additional 12 chiropractic visits; patient has had 14 visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy 2 times a week for 6 weeks for lumbar: Upheld

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

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

Decision rationale: MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59 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 of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvements that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiological range-of motion but not beyond the anatomic range-of-motion. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- is not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. Provider requested additional 12 chiropractic visits; patient has had 14 visits to date. Requested visits exceed the quantity of chiropractic visits supported by the cited guidelines. Per review of evidence and guidelines, 12 chiropractic visits are not medically necessary.