

Case Number:	CM14-0183336		
Date Assigned:	11/10/2014	Date of Injury:	07/09/2010
Decision Date:	12/26/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 underlying date of injury in this case is 07/09/2010. The primary treating diagnosis is lumbar intervertebral disc degeneration. The date of the utilization review under appeal is 10/24/2014. A primary treating physician followup note of 10/02/2014 noted the patient continued to experience localized aching pain in the lumbar spine. An MRI of the lumbar spine was pending. The patient reported cramping of the legs and at times reported the legs would give out. The patient was diagnosed with lumbar degenerative disc disease with facet arthropathy as well as chronic ligamentous ankle instability and bilateral knee chondromalacia. The treatment plan included a lumbar spine MRI as well as Duexis and a request for chiropractic treatment for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x8 Sessions, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation, state that elective or maintenance treatment is not necessary and that an initial therapeutic trial of care should include a trial of up to six visits. This is a chronic case, and thus the current request would be for maintenance treatment which is not supported by the guidelines. Moreover, the guidelines do not support eight sessions of treatment for either initial treatment or flare ups. Therefore, for these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.