

Case Number:	CM14-0047882		
Date Assigned:	07/02/2014	Date of Injury:	12/17/1991
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine, 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:

This is a 62-year-old male with a date of injury of 12/17/91. The patient injured his low back after lifting a heavy garment bag. A progress report dated 3/17/14 states that the patient failed acupuncture, physical therapy, massages, and chiropractic treatment- chiropractic treatment has been the only treatment that has helped the patient. The patient reports radicular pain, and increased pain with activity. The patient has complained of difficulty getting out of bed. Objective exam showed positive straight leg raise, positive spasms, positive tenderness, bilateral radiculopathy, positive extensor hallucis ligament and 20 degrees flexion/20 degree extension. The diagnostic impression is of placement of thoracic/lumbar discs without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Chiropractic treatments for the lumbar spine, 2 times a week for 6 weeks as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The ACOEM Low Back Chapter emphasizes exercising care in utilizing manipulation with patients whose symptoms last longer than one month. Beyond one month, chiropractic treatments' efficacy has not been proved. The California MTUS Chronic Pain Medical Treatment Guidelines state that manipulation for the low back is recommended as an option; with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. However, elective/maintenance care is not medically necessary. The date of injury occurred over 20 years ago without documentation of reinjury or acute flare. It is documented that the patient has received 339 chiropractic treatments since the injury. As such, the request is not medically necessary.