

Case Number:	CM14-0093087		
Date Assigned:	07/25/2014	Date of Injury:	02/02/1989
Decision Date:	12/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 a licensed Chiropractor and licensed 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 patient is a 73-year-old male with a date of injury of 2/02/1989. The patient complained of right-sided low back pain. The pain radiates into both legs with legs giving out. There was severe tenderness over the right L3-L4 region. Significant objective findings include positive straight leg test and positive femoral stress test. Radiographic imaging indicated early degenerative scoliosis and evidence of previous laminectomy. MRI of the lumbar spine revealed a disc bulge and facet hypertrophy noted with foraminal stenosis particularly on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care 3 times per week for 6 weeks (Total of 18 Visits) (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 & manipulation Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. It is not recommended for elective/maintenance care. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with

re-evaluation of treatment success for patients with a flare up. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. However, the provider's request for 18 chiropractic sessions exceeds the guidelines recommendation. Therefore, the request is not medically necessary at this time without documentation of functional improvement from an initial trial.