

Case Number:	CM14-0093204		
Date Assigned:	07/25/2014	Date of Injury:	03/15/1999
Decision Date:	09/25/2014	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 Board Certified in Chiropractic, has a subspecialty in and is licensed to practice in Alabama and Texas. 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 49-year-old male with a recorded date of injury on March 15, 1999. The details of injury, treatment history, and diagnostic study information were absent. The most recent chiropractic evaluation dated March 22, 2014 notes patient presentation with complaint of flare-up of low back pain rated 3-4/10. Examination notes: unmeasured restricted range of motion in bilateral lateral flexion and bilateral rotation with pain and stiffness on flexion and extension; and pain on bilateral Kemp's and Yeoman's tests. Diagnosis offered includes: chronic lumbosacral sprain/strain, lumbar intervertebral disc disease with myelopathy, sacroiliac pain, and lumbar segmental dysfunction. Request for authorization of four visits over three months is noted. A prior review notes non-recommendation of the requested services. There is a subsequent 6-17-14 Application for Independent Medical Review related to the requested four chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment #4 sessions lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation 2009 Page(s): 58.

Decision rationale: Regarding manual therapy and manipulation, MTUS guidelines recommends for low back as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if return to work is achieved then 1-2 visits every 4-6 months. The records fail to provide specifically objectively measured functional deficits which would be considered necessary in order to objectively measure treatment success. Additionally, the request exceeds MTUS guideline recommendations for manual therapy & manipulation for flare-ups. Medical necessity of the requested 4 chiropractic visits is not supported with the application of MTUS guidelines therefore the request for Chiropractic treatment #4 sessions lumbar spine is not medically necessary and appropriate.