

Case Number:	CM13-0033480		
Date Assigned:	01/10/2014	Date of Injury:	02/19/2002
Decision Date:	12/10/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Minnesota
 Certification(s)/Specialty: Chiropractor

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 injured his low back on 2/19/02 with unknown mechanism of injury. He also experiences bilateral leg pain as well. The patient has received care in the form of medication, chiropractic manipulation and low back surgery in 2009. After the surgery he has been treated with medications, chiropractic manipulations and home exercises. According to the medical records he has had 4 approved manipulations approximately every 60 days since January 2013. There is no documentation to show functional improvement, improvement in the objective findings and work status. No MRI or x-ray results have been given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions x4 (to include myofascial release): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation and Massage/Myotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks. The injured worker has experienced multiple flare-ups with treatment of 4 chiropractic manipulations over a 60 day period. However, there is no documented improvement in objective findings, no measurable gains in functional improvement and no return to productive activities or improvement in work status. Therefore, the requested treatment is denied.