

Case Number:	CM14-0025079		
Date Assigned:	06/11/2014	Date of Injury:	12/15/1992
Decision Date:	04/03/2015	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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. 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: New Jersey

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 50-year-old male who reported an injury on 12/15/1992 due to prolonged driving while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included chiropractic treatment, activity modification, medications, and physical therapy. The injured worker was evaluated on 01/23/2014. It was noted that the injured worker complained of low back pain. The injured worker's medications included Norco 5/325 mg, Tylenol 500 mg, ibuprofen 600 mg, benazepril 40 mg, cyclobenzaprine 10 mg, Lunesta 3 mg, Prilosec, atorvastatin 20 mg, and aspirin 81 mg. The injured worker's diagnoses included lumbar canal stenosis, lumbar degenerative disc disease, and lumbar herniated disc disease. Physical examination findings included restricted range of motion of the lumbar and thoracic spine secondary to pain with decreased sensation to pinprick in the L2 dermatomal and L5 myotomal distribution. The injured worker had positive straight leg raising tests bilaterally. The injured worker's treatment plan included chiropractic care as the injured worker received 80% relief from prior treatments. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN SESSIONS OF CHIROPRACTIC FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested 10 sessions of chiropractic care for the lumbar spine are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends 1 to 2 visits for acute exacerbations of chronic pain if return to work is achieved. The clinical documentation submitted for review does in that the injured worker had previous chiropractic care and received 80% relief from that treatment. Therefore, 1 to 2 visits would be supported to assist with pain control and restoration of function. However, the requested exceeds recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested 10 sessions of chiropractic care for the lumbar spine are not medically necessary or appropriate.