

Case Number:	CM15-0003636		
Date Assigned:	01/14/2015	Date of Injury:	08/21/2013
Decision Date:	04/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 38-year-old male, who sustained an industrial injury on 8/21/2013. The diagnoses have included low back pain. Treatment to date has included medications, physical therapy, Chiropractic therapy and epidural steroid injections with abnormal lumbar magnetic resonance imaging. Currently, the injured worker complains of pain in the abdomen, and legs along with leg weakness. The treating provider noted tenderness over the upper back, positive straight leg raise, decrease sensation in the bilateral lower extremities and decreased range of motion to the lumbar spine. On 12/23/2014 Utilization Review non-certified Chiropractic therapy to lumbar spine for 10 sessions, noting the MTUS Chronic Pain Treatment guidelines, Low Back. On 1/8/2015, the injured worker submitted an application for IMR for review of Chiropractic therapy to lumbar spine for 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy treatment to the lumbar spine, twice weekly for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Page(s): 58 - 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. Low back: Recommended 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. "Not medically necessary. Recurrences/flare-ups." Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications, injections, physical therapy, chiropractic, and home exercises. There is no chiropractic treatment records available. Although it is unknown how many chiropractic treatments the claimant has had, it is noted by the treating doctor that he has no functional gain from chiropractic and physical therapy. Based on the guidelines cited, the request for additional 10 chiropractic treatments is not medically necessary.