

Case Number:	CM15-0004542		
Date Assigned:	01/15/2015	Date of Injury:	08/29/1995
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas
Certification(s)/Specialty: Orthopedic Surgery

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 48-year-old male who reported an injury on 08/29/1995 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, chiropractic care, and multiple medications. The injured worker was evaluated on 11/03/2014. It was documentation that the injured worker was having a flareup of significant low back pain with pain rated at an 8/10. The injured worker reported that his increasing back pain was causing a reduction in ability to sit and walk for long periods of time. Objective findings included tenderness to palpation and moderate spasming of the bilateral lumbar musculature with moderate facet irritation. The injured worker's treatment plan included manual decompression and chiropractic treatment of the lumbar and sacroiliac areas. It was noted on a letter of additional information the injured worker had previously had limited improvement to recent manipulation due to an inability to participate in physical therapy following the manipulation and increase compression on disc and facet joints. A request for authorization was submitted on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Spinal Manipulation treatment with decompression: Upheld

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

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

Decision rationale: The requested 6 spinal manipulation treatments with decompression are not medical necessity or appropriate. The California Medical Treatment Utilization Schedule does recommend chiropractic care or manual manipulation for the treatment of low back conditions. However, the California Medical Treatment Utilization Schedule recommends 1 to 2 visits for acute exacerbations and if return to work is achieved. Additionally, the Official Disability Guidelines do not recommend the use of powered traction devices to achieve decompression. The requested 6 spinal manipulation treatments with decompression exceeds the guideline recommendations. There are no exceptional factors to support extending treatment beyond guideline recommendations. Additionally, the request includes powered traction. This is not supported in this clinical situation. As such, the requested 6 spinal manipulation treatments with decompression are not medically necessary or appropriate.