

Case Number:	CM15-0105558		
Date Assigned:	06/09/2015	Date of Injury:	09/24/2014
Decision Date:	07/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	06/01/2015

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 55-year-old male, who sustained an industrial injury on 9/24/2014. He reported injury while tying up material to go onto pallets. The injured worker was diagnosed as having lumbar sprain/strain/degenerative disc disease and sciatica. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 5/12/2015, the injured worker complains of low back pain that radiates to the right lower extremity. Physical examination showed lumbosacral and sciatic tenderness. The treating physician is requesting 10 sessions of chiropractic care with physiotherapy for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with associated physiotherapy for the low back QTY: 10. 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

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 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 chronic low back pain despite previous treatments with medications, bracing, modified work, and physical therapy. Reviewed of the available medical records showed no history of prior chiropractic treatments. Although a trial of 6 chiropractic visits over 2 weeks might be recommended by MTUS guidelines, the request for 10 visits exceeded the guidelines recommendations. Therefore, without demonstrating evidences of objective functional improvement in the trial visits, the current request for 10 visits is not medically necessary.