

Case Number:	CM15-0140700		
Date Assigned:	07/30/2015	Date of Injury:	03/10/1999
Decision Date:	09/04/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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 74 year old male, who sustained an industrial injury on 3-10-1999. Diagnoses include spondylosis unspecified without myelopathy, and bilateral lumbar and sacral disc degeneration. Treatment to date has included conservative measures including modified work, chiropractic care, acupuncture, and diagnostics. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported pain in the mid and low back and right pelvis. Pain radiates to the low and mid back and is rated as 8 out of 10. Physical examination of the lumbar spine revealed lordotic lumbar alignment with very limited motion. There was tenderness at the midline and the paraspinal muscles bilaterally, as well as the sacroiliac joint. The plan of care included physical therapy and chiropractic treatment and authorization was requested for chiropractic care x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

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

Decision rationale: The claimant presented with chronic low back pain for over 16 years duration. Current progress report by the treating doctor reviewed no recent flare up, and the treatment plan includes chiropractic care as needed on a monthly basis. Although evidences based MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, ongoing maintenance care is not recommended. Based on the guidelines cited, the request for 4 chiropractic visits is not medically necessary.