

Case Number:	CM15-0144267		
Date Assigned:	08/05/2015	Date of Injury:	05/12/2011
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 5-12-11. He has reported initial complaints of a low back injury. The diagnoses have included lumbar sprain with residuals, lumbar degenerative disc disease (DDD) and lumbar stenosis. Treatment to date has included medications, activity modifications, diagnostics, chiropractic, physical therapy and other modalities. Currently, as per the physician progress note dated 6-23-15, the injured worker complains of a mild acute flare up of the back and right leg pain. The physical exam reveals that he has a mildly positive straight leg raising, tenderness in the lumbosacral area with slight limited flexion. The physician notes that the injured worker has responded quite nicely with chiropractic treatments for these flare ups. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The diagnostic report is not noted in the records. The previous chiropractic sessions were not noted. The physician requested treatment included 8 Chiropractic therapy visits for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic therapy visits for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The patient presents with mild acute flare-ups of his back and right leg pain. The current request is for 8 sessions of chiropractic therapy for the low back. The treating physician states on 6/23/15 (28B), the patient "has responded quite nicely with chiropractic treatments for these flare ups. I am asking for your authorization for eight sessions of chiropractic treatment for his low back, the frequency to be determined by the chiropractor." MTUS guidelines state that manual therapy and manipulation are recommended as an option for chronic low back pain. It further states that a trial of 6 visits over 2 weeks, with evidence of objective functional improvement is required with an option of a 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. In this case, the clinical records provided do not detail the number of chiropractic sessions previously completed. The treating physician states that there was previous improvement with chiropractic treatment and the patient requires care for flare-ups. The current request is medically necessary.