

Case Number:	CM15-0144636		
Date Assigned:	08/10/2015	Date of Injury:	02/28/1985
Decision Date:	09/08/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/27/2015

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, Minnesota
 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 72 year old male, who sustained an industrial injury on February 28, 1985. Treatment to date has included lumbar transforaminal epidural steroid injection, physical therapy, MRI of the lumbar spine and cervical spine, home exercise program, NSAIDS, activity modifications, radiofrequency lumbar facet neurotomy. Currently, the injured worker complains of chronic neck and low back pain. He reports that he can only walk for short distances due to his pain. The evaluating physician notes that the injured worker's chiropractic manipulation, spinal traction and moist heat provide significant benefit. He reports that with his chiropractic therapy his pain levels have decreased to a tolerable level, his quality of life has improved and he is able to walk significantly longer. His cervical spine range of motion has improved with his chiropractic therapy. The diagnoses associated with the request include non-allopathic lesion of the sacral region and the cervical region, pain in thoracic spine, and cervicgia. The treatment plan includes additional chiropractic therapy for the low back and neck twice per week for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation & physiotherapy x 48 sessions for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested chiropractic manipulation & physiotherapy 2 times per week for 6 months or 48 sessions for the lumbar and cervical spine. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate. (This request is like maintenance care to the extreme degree. The request even exceeds the cap of 24 visits for acute care.)