

Case Number:	CM15-0148049		
Date Assigned:	08/11/2015	Date of Injury:	02/10/1988
Decision Date:	09/11/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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, Oriental Medicine

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 68 year old female, who sustained an industrial injury on 2-10-88. She reported pain in her lower back. The injured worker was diagnosed as having chronic post-traumatic lumbar strain. Treatment to date has included chiropractic treatments and a lumbar MRI on 9-9-12. On 7-7-15, the treating physician submitted additional records. The injured worker reports that prior to this current flare up her pain level was a 5 out of 10 and is currently an 8 out of 10 with the worst being 10 out of 10 seven days a week. Prior to this flare up her Roland Morris score was a 2, currently it is a 19, the Oswestry disability was 36% and is now an 84%. The treating physician requested chiropractic for the low back; mechanical traction, myofascial release & therapeutic exercise x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the low back; mechanical traction, myofascial release & therapeutic exercise QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Functional improvement measures Page(s): 58, 48.

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

Decision rationale: Per MTUS-Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. 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 objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." 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. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function." Patient has had prior chiropractic treatments. Medical records documented recent flare-up. Provider requested additional 12 chiropractic sessions for lumbar spine which were modified to 2 by the utilization review. Additional sessions may be recommended if patient demonstrates functional improvement as documented in cited guidelines. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.