

Case Number:	CM15-0149186		
Date Assigned:	08/12/2015	Date of Injury:	07/05/2009
Decision Date:	09/16/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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 59 year old male who sustained an industrial injury on 7-5-09. He had complaints of low back pain and radiating leg pain. MRI showed multiple disc protrusions. Most recent progress report dated 3-27-15 reports continued complaints of low back pain that radiates to his buttocks. The pain is relieved by 2-3 chiropractic treatments and he is able to return to his usual lifestyle. The treatments have lasting affects for about 4-5 months. Review of records show that he does not have a continuous maintenance program, he is just treated for flare ups. Work status was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vertebral subluxation 3 visits over 10 days: Overturned

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

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

Decision rationale: The patient presents with a flare-up of lower back pain that has previously responded to 2-3 chiropractic treatments. The current request is for treatment of vertebral subluxation 3 visits over 10 days. The treating physician report dated 3/27/15 states that the patient injured his lumbar spine as a fire fighter and MRI findings reveal disc protrusions of the lumbar spine. The patient presents with flaring of pain with radiation of pain into the buttocks with antalgic posture. The MTUS guidelines support the usage of chiropractic care for treatment of the lumbar spine. In this case, the treating physician has clearly documented that the patient does not receive any maintenance treatment and has only received care during periods of acute exacerbation. The current request is medically necessary to help the patient recover from the acute exacerbation.

Ultrasound/rapid release 3 visits over 10 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with a flare-up of lower back pain that has previously responded to 2-3 chiropractic treatments. The current request is for ultrasound/rapid release 3 visits over 10 days. The treating physician report dated 3/27/15 states that the patient injured his lumbar spine as a fire fighter and MRI findings reveal disc protrusions of the lumbar spine. The patient presents with flaring of pain with radiation of pain into the buttocks with antalgic posture. The MTUS guidelines support the usage of chiropractic care for treatment of the lumbar spine. In this case, the treating physician has clearly documented that the patient does not receive any maintenance treatment and has only received care during periods of acute exacerbation. The current request is medically necessary to help the patient recover from the acute exacerbation.