

Case Number:	CM15-0160366		
Date Assigned:	08/26/2015	Date of Injury:	03/03/2003
Decision Date:	09/29/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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 55 year old male, who sustained an industrial injury on March 3, 2003. He reported lower back pain. The injured worker was currently diagnosed as having lumbar intervertebral disc disorder degeneration, sciatica and pain in thoracic spine. Treatment to date has included diagnostic studies, physical therapy, chiropractic treatment, massage therapy, epidural injections and Transcutaneous Electrical Nerve Stimulation (TENS) unit. His TENS unit was reported to keep his symptoms manageable. Two epidural injections were noted to be helpful for a period of time. On July 8, 2015, the injured worker complained of lower back, leg, right hip, shoulder and neck pain. Physical examination revealed lumbar spine range of motion improvement by 50%. The injured worker reported his condition was improved with treatment. The treatment plan included six visits of chiropractic treatment. A request was made for six additional chiropractic manipulation of the lumbar spine times six visits as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional chiropractic manipulation of the lumbar spine x 6 visits as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back 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 6 additional chiropractic manipulations of the lumbar spine times 6 visits, as outpatient. This request for treatment is odd and confusing because 6 additional visits times 6 visits is 36 visits over an unspecified period of time. It is also not clear how many visits have been given previously for this flare-up of low back pain. The doctor does state that chiropractic care does decrease the amount of medication the patient needs to take which is showing objective functional improvement, but the request for treatment needs to be more clear with the amount of visits for the number of weeks. Also the number of previous visits used would be necessary for this flare-up. The request for treatment does not follow the above guidelines and therefore the treatment is not medically necessary and appropriate.