

Case Number:	CM15-0166930		
Date Assigned:	09/04/2015	Date of Injury:	02/11/2013
Decision Date:	10/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 63 year old male, who sustained an industrial injury on 02-11-2013. He reported injury to the low back. The diagnoses have included low back pain; lumbosacral radiculitis; prolapsed lumbar intervertebral disc; spinal stenosis of lumbar region; disorder or trunk; and brachial neuritis. Treatment to date has included medications, diagnostics, and chiropractic therapy. A progress report from the treating physician, dated 07-07-2015, documented an evaluation with the injured worker. The injured worker reported neck pain with associated arm pain; low back pain with associated leg pain; he has completed 5 out of 6 sessions of chiropractic treatment since the last visit; and he is working full duty with no restrictions. Objective findings included x-rays of the lumbar spine were taken on the last visit, 06-02-2015, and revealed grade 2 anterolisthesis at L5-S1 of 14mm with bilateral pars defects, there is marked loss of disc height at L5-S1 with mild loss of disc height at L4-5, and the facet joints are unremarkable. The treatment plan has included the request for 12 chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. Medical treatment utilization schedule chronic pain guidelines indicate that an initial trial of 6 chiropractic treatments can be considered appropriate. With evidence of functional improvement additional treatment can be considered appropriate. In this case the claimant received 5 of 6 treatments with no evidence of improvement. The subjective complaints were identical following completion of the initial course of care. Given the absence of documented functional improvement, the medical necessity for the requested 12 additional chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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."