

Case Number:	CM15-0185033		
Date Assigned:	09/25/2015	Date of Injury:	09/11/1976
Decision Date:	11/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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 an 83 year old male, who sustained an industrial injury on September 11, 1976. He reported low back pain after the industrial injury. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, spinal enthesopathy and lumbar segmental dysfunction. Treatment to date has included diagnostic studies and medications. It was noted his work status was retired. Currently, the injured worker continues to report low back pain and lower extremity stiffness and weakness as noted on the 8-10-2015 PR-2. Evaluation on May 7, 2015, revealed continued pain in the low back and lower extremities. Chiropractic care was continued. He noted he was too old for surgical intervention and noted chiropractic care allowed him to maintain a livable level of pain with regular treatment. Evaluation on August 10, 2015, revealed constant mild-moderate low back pain with pain, weakness and stiffness of the low back and bilateral legs. Lumbar range of motion was noted as 20-30% limited. Straight leg raise on the left side was noted as positive. The lumbar and lumbosacral region had mild to moderate hypertonic paravertebral muscles. Chiropractic care was recommended. The RFA included a request for chiropractic (Spinal Manipulation to include therapeutic exercise and EMS) twice a week and was non-certified on the utilization review (UR) on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (Spinal Manipulation to include therapeutic exercise and EMS) twice a week:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 continued treatment at 2 times per week was not established. A review of the treatment notes reveals that from February 2015 through July 2015 the claimant treated on a two time per week basis. A majority of the treatments were on Mondays and Thursdays. This suggests more maintenance or elective type care and as such is not supported for medical necessity. This treatment has become maintenance in nature and not treatment for documented exacerbations. Therefore, consistent with medical treatment utilization schedule guidelines, the medical necessity for the requested continued treatment at 2 times per week was not established. The MTUS chronic pain treatment guidelines give the following recommendations: 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 is not medically necessary.