

Case Number:	CM15-0192043		
Date Assigned:	10/06/2015	Date of Injury:	01/13/1976
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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

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 64 year old male, who sustained an industrial injury on 1-13-1976. The injured worker is undergoing treatment for lumbosacral strain-sprain with recurrent myalgia-myositis, radiculitis and subluxation of the sacrum iliac crest and lumbar. Medical records dated 9-16-2015 indicate the injured worker complains of back pain described as shooting to the buttocks. Physical exam dated 9-16-2015 notes decreased painful dorsolumbar range of motion (ROM), positive miners sign and Valsalva test and decreased lower extremity strength. Encounter dated 4-14-2015 indicates chiropractic treatment has been effective for flare ups and that treatment to date has included inpatient traction, physical therapy, chiropractic treatment, electrical stimulation, 9-17-2014 magnetic resonance imaging (MRI) indicating annular bulge, stenosis and degenerative spurring and medication. The original utilization review dated 9-18-2015 indicates the request for 6 chiropractic treatments to include physiotherapy is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatments to include physiotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine, Transcutaneous electrotherapy, Ultrasound, therapeutic.

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

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was 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." The requested 6 treatments are consistent with this guideline. The claimant presented to the provider's office complaining of an exacerbation of his chronic lower back complaints. A review of the treatment history reveals that the claimant has treated on a periodic basis for exacerbations. Given the clinical findings on the most recent examination and consistent with medical treatment utilization schedule guidelines, the medical necessity for the requested 6 chiropractic treatments was established. The request is medically necessary.