

Case Number:	CM15-0204268		
Date Assigned:	10/21/2015	Date of Injury:	07/10/2015
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 62-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of July 10, 2015. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for two sessions of chiropractic manipulative therapy with associated modalities to include paraffin bath therapy, whirlpool therapy, diathermy, and manual therapy. The claims administrator referenced a September 1, 2015 office visit in its determination. The claims administrator contended that the applicant had received 10 manipulative treatments without benefit. The applicant's attorney subsequently appealed. On an office visit dated September 2, 2015, the applicant reported ongoing issues with low back pain, right-sided. The applicant was given various diagnoses, including that of lumbar radiculopathy. The applicant was working on a part-time basis at a rate of 6 hours a day, it was reported. Mildly antalgic gait was noted. Additional manipulative therapy was sought. The applicant exhibited diminished range of motion about the lumbar spine. Manipulative treatment was also performed on office visits of August 17, 2015 and September 1, 2015, along with other modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 chiropractic visits with evaluation, vasopneumatic device therapy, paraffin bath therapy, whirlpool therapy, diathermy, therapeutic exercises, re-learning neuromuscular movement and manual therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: No, the request for two chiropractic visits with associated modalities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 299, if manipulation does not bring improvement in three to four weeks, it should be stopped and the applicant reevaluated. Here, work restrictions were renewed on multiple dates of service, including September 2, 2015, September 1, 2015, August 17, 2015, seemingly unchanged from prior visits. The applicant still exhibited diminished range of motion on September 2, 2015. The applicant was only working on a part-time basis at a rate of 6 hours a day. All of the foregoing, taken together, suggested that applicant had, in fact, plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of 10 prior sessions of chiropractic manipulative therapy. Therefore, the request was not medically necessary.