

Case Number:	CM15-0023405		
Date Assigned:	02/13/2015	Date of Injury:	05/01/2003
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male who reported an injury on 05/01/2003 due to an unspecified mechanism of injury. On 02/19/2015, he presented for a follow-up evaluation. He reported pain in his lumbar and thoracic spine bilaterally rated at a 6/10 in the thoracic spine and a 6/10 to 8/10 in the lumbar spine, sacral and pelvis. A physical examination of the lumbosacral and pelvis showed decreased range of motion with associated pain with a shortened antalgic gait. Sensation was decreased in right L4, L5 and S1. There was tenderness to palpation of the lumbar paraspinals that was noted to be moderate. Reflexes were a 0 in the left Achilles and the right L2, L3, and L4 quadriceps strength was a 3/5. He was diagnosed with thoracic sprain/strain, lumbar IVD and other encephalopathy of the ankle and tarsus peroneal tendon. The treatment plan was for massage therapy and manual therapy and manipulation. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines indicate that a trial of 6 sessions of chiropractic therapy may be indicated for those who have low back pain that is caused by a musculoskeletal condition. Further clarification is needed regarding the injured worker's prior treatments and whether he had undergone chiropractic therapy in the past to address the same injury. Also, the site of chiropractic therapy is being requested for was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.