

Case Number:	CM15-0024960		
Date Assigned:	02/17/2015	Date of Injury:	03/22/2006
Decision Date:	03/27/2015	UR Denial Date:	02/05/2015
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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on March 22, 2006. He has reported back pain and bilateral leg numbness. The diagnoses have included moderate lumbar spine disc degeneration, lumbar spine radiculopathy, chronic intractable pain, and sleep difficulties. Treatment to date has included medications, lumbar spine fusion and revision, and imaging studies. A progress note dated January 20, 2015 indicates a chief complaint of neck pain, lower back pain, and bilateral leg numbness. Physical examination showed palpable tenderness of the midline lower lumbar spine, decreased range of motion, and a limp with ambulation. The treating physician is requesting chiropractic treatments two times each week for three weeks. On February 5, 2015, Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. In this case, the original was in 2006 and the request for chiropractic care would therefore be either for acute flare, in which case the request exceeds the 1-2 visits recommended by guidelines, or for maintenance which is not recommended. Chiropractic therapy 2 x 3 is not medically indicated.