

Case Number:	CM15-0029760		
Date Assigned:	02/23/2015	Date of Injury:	03/05/2012
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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 37-year-old male, who sustained an industrial injury on March 5, 2012. The injured worker has reported low back pain and bilateral knee pain. The diagnoses have included lumbar disc protrusion, lumbar radiculopathy, bilateral knee sprain/strain and lumbago. Treatment to date has included medications, lumbar epidural steroid injection, a home exercise program and chiropractic treatment. Current documentation dated February 4, 2015 notes that the injured worker complained of low back pain and bilateral knee pain. Physical examination of the low back revealed tenderness to palpation, spasms and guarding. Range of motion was decreased. Examination of the knees revealed tenderness over the medial and lateral joint lines. Range of motion was normal. The treating physician's plan of care included a request for chiropractic treatment to the lumbar spine. On February 6, 2015 Utilization Review modified a request for chiropractic treatments two times a week for four weeks to four visits for the lumbosacral spine. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2 Visits per a Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106, 111, 115, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 127, 58. Decision based on Non-MTUS Citation ACOEM 2nd Edition: Elbow, Wrist and hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. 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, Not medically necessary. Recurrences/flare-ups, Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, injections, chiropractic and home exercises program. According to the available medical records, prior chiropractic treatments showed no evidences of objective functional improvement. Based on the guidelines cited, the request for additional chiropractic treatments is not medically necessary.